AGE should be stated EXACTLY.

OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

very important.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF D	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
------------------------------------	-------	----	-------	------	--------	-------	----	-------

	4.0	63	63
- 1	2	100	7
- 7	6 2	1	Should .

1	. PLACE OF	F DEATH			- 72 ic	
	County_A	nne Arundel	************		Registration Dist. No. 2 I	
Village or City <u>Lakeshore</u> (If  Length of rasidence in city or town where death occurred <u>L4</u> yrs, mos					death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
1:	. FULL NA	ME Victoria	. Aga tha	Anrel	If U. S. Veteran, specify WAR.	
-	(a) Residen	ce: No. Lakesh	Ore (Usual place		St., Ward.  If nonresident give city or town an	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			(write the word)	21. DATE OF DEATH  February 24th  (Month) (Dev)	., 193. 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. Thet I ettende Tuly 1934 , 19 , to February	d deceesed from
	AGE Year	month, day, and year) rs Months	otober ;	If LESS then 1 dey,hrs.	to have occurred on the dete steted above, at	; daath Is said
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and 1935 spent in this occupation occupation.				ime (years) nt in this	wera es follows:  Isaudoleukemia (Hodgkin's disease)	T034
12. BIRTHPLACE (city or town) Paltimore (State or country)					Other Contributory Causes of Importance:	C-18-3
13. NAME Samuel Ringgold Angel 14. BIRTHPLACE (city or town) Baltimore (State or country)					Name of operation Date of What test confirmed diegnosis? Clinical Westhere an	
15. MAIDEN NAME Marie G. Meacher 16. BIRTHPLACE (city or town) Baltimore (State or country)					23. If deeth wes due to external causes (VIOLENCE) fill in also the foliowing Accident, suicide, or homicide? Date of Injury Where did injury occur?	,19
17. INFORMANT Mrs. Marie Angel (Address) Lakeshore, Md.					(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Maadowridge Dete 2-27 ,19.37					Manner of Injury	
19	. UNDERTAKER (Address)	C. Miller Paltimera 24,1932	Ma. a.	3 Ecit	24. Was disease or injury In any way related to occupation of daceased?  If so, specify  (Signed)  (Address)	. М. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(State or country)

(State or country)

HER

FAT

MOTHER

NO

13. NAME

OCCI

10. Date daceasad last worked at 11. Total time (years) this occupation (month and spent in this Other Contributory Causes of importance: Louisiana Sam Archer Louisiana I4. BIRTHPLACE (city or town) ... Name of operation ... What test confirmed diagnosis?\_\_\_\_\_ Was there an aulopsy?\_\_\_\_ Rosa Lee (Unknown) 23. If death was due to external causes (VIDLENCE) fill in also the following: Louisiana Accidant, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town) \_\_ (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVAL Mannar of Injury Nature of Injury Maryland Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	kample I	-11	Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	TO 4 1901	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Miles.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

PHYSICIANS

stated EXACTL IS A PERMANEN

should be

supplied.

mation should be carefully -WRITE PLAINLY,

N. B.

UNFADING INK-THIS MARGIN RESERVED

FOR BINDING

CORD. Every item of infor-

OCCUPA	1. PLACE OF DEATH	47-0
00 \	County Anne Arundel	
of \	Village or City Annanolis, Nd.  Length of residence in city or town where death occurred 68 yes 9 ms.	No. Emergency Hospital St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
int	Longer of residence in city of town where death decarted	ds. How long in U.S. if of foreign birth?yrsmosds.
eme	2. FULL NAME Alfred May Baker	WITHIN CORPORATE LIMIT
statement	(a) Residence: No. 120 College Ave. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White OR DIVORCED (write the word)	21. DATE OF DEATH 9, 193 (Month) (Day) (Year)
classified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from 1937, to 22, 9, 1937
e.	6. DATE OF BIRTH (month, day, and year) May 1, 1868	Hast saw h is alive on 711, 6, 1937; death is said
properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the data stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
in plain terms, so that it may be ant. See instructions on back of	8. Trada, profession, or particular kind of work done, as SPINNER. Shoe Maker  SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Tyr.  11. Total time (years) spont in this occupation (month and Ago spont in this occupation  12. BIRTHPLACE (city or town) Annapolis  (State or country) Maryland  13. NAME Alfred Owens Baker  14. BIRTHPLACE (city or town) A. A. Co.  (State or country) Maryland  15. MAIDEN NAME Charlotte Bruen  16. BIRTHPLACE (city or town) A. A. Co.  (State or country) Maryland	Other Contributory Causes of importance:  Other Contributory Causes of i
E OF D	17. INFORMANT Miss Bessie B. Baker (Address) Annapolis, Md.  18. BURIAL, CREMATION, OR REMOVAL Placa Annapolis, Md. Date Feb. 12, 19 37	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Natura of injury
CAUSE TION is	19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or injury in any way related to occupation of deceased? 100  If so, specify 130  (Signed) 140  (Si

If rage blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nold.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

  10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Q 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

# PHYSICIANS should state RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS -WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

V. S. No. 1 Μ̈.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	21 34
County anne aryndel	Registration Dist. No. 23
Village or City Glan Burnie	No. St., Ward
Length of residence in city or town whera death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME EVA MARGAROT	harron
(a) Residence: No. alem Adwine	Ball . Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale 4. COLOR OB RACE OR DIVORCED (write word)	21. DATE OF DEATH  Televinany 13, 193 7  (Month) (Day) (Year)
5a. If marriad, widowad, or divosced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I leat saw h 27 - aliva on Fee 12/ 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6 a_m.
27 / /3   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH end related couses of importance were an follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vulmonary Hemorrhage 2-11-3;
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end	
10. Date deceased last worked et this occupation (month end year) ccupation	
12. BIRTHPLACE (city or town) Balto. Ind.  (State or country)	Other Contributory Causes of importance Therendosis 1934
13. NAME Frank Baron	
13. NAME Frank Boron  14. BIRTHPLACE (city or town) Jungary (Serlia)  (State or country)	Neme of operation Data of Data of
	What test confirmed diagnosis? X Party, Julius Was there an autopsy? 23. If death was due to external causes (VOLENCE) fill in also the following:
15. MAIDEN NAME Eva Nroiter  16. BIRTHPLACE (city or town) - Hungary (Ruminia)  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Frank Bern. (Address) Wen Burme and.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place-ouden lank Date 6. 16, 1937	Manner of Injury
19. UNDERTAKER Formor W. Singliton (Addigss) Hen Burnie, Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Let 15 , 1937 MPallo Registrar.	(Signed) M. M. M. M. G. (Address) Algar Burne Ing.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	35 - 1 1000	Other contributory causes of importance:	
Unistances	May 1,1923	Gastroenterus	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA.
---	-------

(	•
FOR BINDING	With the same
OR	4
F	2
3VED	-
ESE ESE	*****
<b>1</b>	7
Z	-
MARGIN RESERVED	Saint Charles of the later

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH should Registration Dist. No. Village or City PHYSICIANS Length of residence in city\_or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_\_wrs.\_\_\_\_mos.\_\_\_\_ds. statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 21. DATE OF DEATH . 6 5. SINGLE, MARRIED, WIDOWED. classified. 5a. If merried, widowed, or divorcad -HUSBAND of HEREBY CERTIFY, That I attended daceesed from (or) WIFE of V (2) certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Months If LESS than Davs to heve occurred on the date steted abova, at 11.30 Pm. 1 dey, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc .... back may 9. Industry or business in which work was dona, es SILK MILL. should SAW MILL, BANK, etc .... on TO. Dete deceased last worked et 11. Total time (years) this occupation (month end spent in this that instructions occupetion \_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or low Neme of operation ... plain (Stete or country) What test confirmed diagnosis?\_ carefully ----- Was there en aulopsy?----MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?\_\_ hould be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Addrass) 18. BURIAL, CREMATION. Mannar of injury Neture of injury\_ 24. Was diseasa or injury in any way ralated to occupation of deceased?\_\_\_\_ (Address) If so, specify B Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 MAR 6 1037				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1287		
1. PLACE OF				97			
County	Anne Aru			Registration Dist. No. 2			
Village or Cit	ty Crownsy	ille St	ate Hospi	ta No. St. death occurred in a hospital or institution, give its NAME instead of street	,Ward		
Length of resid	ence in city or town where	death occurred	vr. 8 mos	death occurred in a horpital or institution, give its NAME instead of street  ds. How long In U.S. if of foreign birth?yrs	and number)		
2. FULL NAN	(1	ge Budd			1 111031		
				If U. S. Veteran, specify WAR			
(a) Residenc	e: No. Sand:	V. Sprine (Usual place	SS_Mary L of abode)	and. Ward. If nonresident give city or town	and State		
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н		
s. sex male	4. COLOR OR RACE black		RIFED. WIDOWED, D (write the word)	21. DATE OF DEATH February 12th (Month) (Day)	, 193_7		
5e. If married, widowe HUSBAND of	d, or divorced				(Year)		
top # HE-ef Unknown				June 11th 19 36 to Feb. 12	nded deceased from		
& DATE OF BORTH (-	month day and many	1866		l lest saw h im alive on Feb. 12th 19			
7. AGE Years		Deys	If LESS then	to heve occurred on the dete steted above, at 10:30 m. M.	04-, deeth is said		
7	1 Unk	nown	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:			
8. Trade, profess	sion or perticular	Labore		General arteriosclerosis	Oate of enset		
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.  9 Industry or business in which							
Rind of we SAWYER,  9. Industry or b work was SAW MILL  10. Dete decessed this occup.	done, es SILK MILL, , BANK, etc						
	d last worked et ation (month and		time (yeers)				
12. BIRTHPLACE (city or town) Maryland (Stete or country)				Other Contributory Causes of Importance: Senility			
	Daniel Bud	3.8					
I							
(State of t			and	Neme of operetion Dete			
15. MAIOEN NAM	E Lydia	Carter		23. If deeth was due to externel causes (VIOLENCE) fill in elso the foli	owing:		
15. MAIOEN NAM	(city or town)	Marylan	nd	Accident, suicide, or homicide? Date of Injury, 19			
≤ (Stete or	country)			Where did Injury occur?	d State)		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			arvl and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATI	ON, OR REMOVAL	mes fel	111/2 27	Menner of Injury			
Place	Jan Jan Jan	Dete -	1.4.,19.3.1.	Neture of Injury			
19. UNDERTAKER(Address)	Wooknill	world	er op	24. Wes disease or injury in any way related to occupation of deceased if so, specify	17		
20. FILED 2	2,19.37	M	Registra.	(Sig ed) TOWNS VIIIe, Maryl	and 3 M.D.		
	If more	blanks are needed,	addres State Reistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scryice for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engincer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
NAME A 1931	15				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			11		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TAY WAY WAY OF LY FILE	NA XXVII	TOYE	T CACATILIZAT	CANAL AND	10 11	W TY T DWONGYTA

V. S. No. 1 M of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	822
County and according	Registration Dist. No. 22
Village or City Clar Land	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Welkany Gudde	-A
(a) Residence: No. Was Gamel Mis	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH Felt. (Day) (Year)
5e. If married, widowed, or different HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
PATE OF BIRTH (BOOK & 18.5-8	1   last saw h
6. DATE OF BIRTH (month, day, end year)  7. AGE Years   Months   Days   If LESS than	to heve occurred on the dete stated above, at R. R. m.
84 5 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Just of ones to the work of the constant of t
12. BIRTHPLACE (city or town) Helgelburg, Glellions, (State or country)	Other Contributory Causes of importance:  Ount Cardias Delitation 2.2837
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy? (Luc.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT A GREEN AND WILL WILL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Say treff traume Mare 2, 1937	Menner of injury
19. UNDERTAKER A STEELEN A STRAIGHTANN (Address)	24. Was disease or injury In eny way related to occupation of deceased? 29
20. FILED Mar 1 , 1913 7 Clara M Haslufe Registran	(Signed) S. D. A. D. M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroentcritis 1 year

V. S. No. 1

state

1. PLACE OF DEA	<b>TH</b> e Arund	el		Registration Dist. No.	1
Village or CityC Length of residence In ci			te ноspit		Ward
2. FULL NAME		ph Butl		If U. S. Veteran, specify WAR	
(a) Residence: No.				7. Warylawd.  If nonresident give city or town and S	
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	R OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Tied	21. DATE OF DEATH February 25th	193
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of UNKNOWN				22. I HEREBY CERTIFY, That I ettended d November 25th 19 27 to Feb. 25th	
6. DATE OF BIRTH (month, day, and year) 1890				lest saw h im elive on Feb. 25th 19 37	deeth is seld
7. AGE Yeers 4.77	Months Unkn	Days	If LESS then I day,hrs.	to heve occurred on the dete stated above, et2Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular				Status epilepticus	30 hrs
kind of work done, SAWYER, BODKKEE SAWYER, BODKKEE Work was done, es: SAW MILL, BANK, Object to the control of	SILK MILL.		,		
10. Date decessed last wor this occupation (mo yeer)	nth and	11. Total	time (yeers) ent in this		
12. BIRTHPLACE (city or town) (State or country)	Mary	land		Other Coutributery Causes of Importance: Epilepsy	?
置 13. NAME Ch	arles B	utler			
13. NAME Ch 14. BIRTHPLACE (city or to (Stete or country)	wn) Unk	nown		Neme of operation Dete of What test confirmed diegnosis? Was there an even	
15. MAIDEN NAME	Eliza	(Unknow	m)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)	Unknow	n.	Accident, suicide, or homicide? Dete of injury	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL CREMATION, OR F	REMOVAL )	Date 3	1. 1937	Menner of Injury	
19. UNDERTAKER (Address)	P.W w	der ote	Out	24. Wes disease or injury in any wey related to occupation of deceased?	
20. FILED	37 2	+ gon	21	(Signed)	Du D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Annual Control of the Control of t			
Other contributory causes of importance:	112-12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1230

1. PLACE OF DEATH	(1).50	00
county long londel A	Registration Dist. No.	
Village or City Rome Bay and	NoSt.,	Ward
6 (If	death occurred in a horpital or institution, give its NAME instead of street and numb	er)
	ds. How long in U.S. if of foreign birth? yrs. mos.	a.ds.
2. FULL NAME SYLLLIAM LYLES GAR	If U.S. Veteran specify WAR WITH WALL South	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Son	ė
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	20
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, ON WORCED (write the word)	21. DATE OF DEATH 26 193	3.7. (Feer)
5a. If married, widowed, or divorced		****
HUSBAND of Edith S Garr	22. 1 HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, end year) april 17, 1895-	last saw h alive on, f9, de	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.	
4 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Da	te of onset
kind of work done, as SPINNER, Manager SAWYER, BOOKKEEPER, etc.	Rath by Obrangulation survide	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
	about 3 lue	
10. Date deceased last worked at this occupation (month end year)		
Batt. 21	Other Contributory Canees of importance:	
12. BIRTHPLACE (city or town)	A fright	
1 11 11	(NY . Fullingua)	
13. NAME A. Hammer Cart  14. BIRTHPLACE (city or town) Lother Ind  (State or country)		
(State or country)	Name of operation Date of	
	What test confirmed diegnosis? Was there an autop	sy?
15. MAIDEN NAME Mary Ellio Esqua  16. BIRTHPLACE (city or town) Jacobson Dock	23. If death was due to external causes (VIOLENCE) fill in also the following:	
f6. BIRTHPLACE (city or town)	Accident, suicide, or homleide?	, 19
mr Eld Co	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) A and Care	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR APPOUND	Managed Indiana	
Placet James hollian Md Date Tel 28 ,187	Manner of injury	
17 11 -fal - C.	24. Was disease or injury in any way related to occupation of decrased?	0
19. UNDERTAKER (Addjess) annapoli ha	If so, specify	/
16/20 27 24/11/11	(Signed) & VII Standsort Heling	DINU
20. FILED TO A 0, 193, 1 Registrar.	(Address) # Amad Bay Sey	
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease; injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURELU V. S.	State California			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V

188

1. PLACE OF DEATH	(/3/)
County Anne Arundel	Registration Dist. No. 21
	No. 115 King George St. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William E. Catlin	WITHIN CORPORATE LIMITE OF
(a) Residence: No. 115 King George St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE Morried  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Ful 13 / C 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Catlin	22. Fell HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1859 7. AGE Years Months Days If LESS than I day,hrs 77 4 28 0rmin.	I last saw h alive on \$ 12
8. Trade, profession, or particular kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Cr. Laterathal Wiflortis devin
12. BIRTHPLACE (city or town) A • A • Co • Md • (State or country)	Other Contributory Causes of importance:
置 13. NAME John Catlin	40
13. NAME John Catlin  14. BIRTHPLACE (city or town) A.A.Co. (State or country) MG.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
E 15. MAIDEN NAME Rachel A. Rogers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rachel A. Rogers  16. BIRTHPLACE (city or town) A.A. CO. (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT Bettie Catlin (Address) 115 King George St.	(Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Annapolis.  Place Annapolis, Md. Date Feb. 16, 19.3	Manner of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or injury to any way related to occupation of receased?
20. FILED LA 14, 1937 Aller Registra.	(Signed) (Muspottes Ind. D. (Address) (Muspottes Ind.)
If more Manks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

À

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1897			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Lord. Every item of inforproperly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK—THIS IS A PERMANENT TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. WRITE PL

MARGIN RESERVED FOR BINDING

V.S. No. 1

STATE OF MARY	AND-CERTIFICATE	OF DEATH
---------------	-----------------	----------

1.	1. PLACE OF DEATH				(J31)		
	County Anne Arundel				Registration Dist. No. 21	,	
	Village or City Annapolis				No. Emergency Hospital St., death occurred in a horpital or institution, give its NAME instead of street as	Ward	
	Length of residence in	city or town where o	death occurred	QQ_yrs,mos	death occurred in a horpital or institution, give its INAME, instead of street at	_mosds.	
2	FULL NAME	Victor A	A. Chara	acklis	If U. S. Veteran, specify WAR		
	(a) Residence: No.				St., Ward. WITHIN CORPORATE	LIMITS OF	
	(a) Residence: No.		(Usual place	of abode)	If nonresident give city or town	and State	
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word) Single			OR DIVORCE	D (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 (Yyar)	
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of					1 HEREBY CERTIFY, That I attend	led deceased from	
c D	ATE OF BIRTH (month,	day and year Ma	v 3. 189	97	Mast saw h in alive on I eh 3 19	2; daath is said	
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 10 15 fm.		
	39	9		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	17.	
1	8. Trade, profassion, o	r particular		7 01	weig as follows.	Date of onset	
NO	kind of work do	ne, as SPINNER, KEEPER, etc	Restaul	cant Keep	- Chr. When his	lukun	
OCCUPATION	9. Industry or businas			er			
3	SAW MILL, BAN	K, etc					
8	ID. Date decaased last this occupation (	month and	11. Total	time (yaars) ent in this 20 v	<b>r</b> s		
1	year)			upation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (city or to	wn) Greece	9				
1	(State or country)				Tonschust premmea	3 ch /	
FATHER	13. NAME Atha	nasi Cha:	racklis	,			
ATI	14. BIRTHPLACE (city o	rtown) Gre	ecë		Name of oparation Date of	-	
	(State or country	y)			What tast confirmed diagnosis? Was thera	an autopsy?/LO	
MOTHER	15. MAIDEN NAME A	nnastasia	a Charac	klis	23. If death was due to external causes (VIOL ENCE) fill in also the folio	wing:	
011	16. BIRTHPLACE (city o	rtown) Gree	ece		Accident, suicide, or homicide? Date of Injury		
State or country)					Where did injury occur? (Specify city or town, county and	State)	
17. INFORMANT Steve Foundas: (Addrass) Annapolis, Ma.					Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.	
18.	BURIAL, CREMATION, O			A 72 F	Manner of Injury		
	Placa Annap	olis. Md	Data Feb	4 ,19 0	- Nature of injury		
10	UNDERTAKER JO	hn M. Ta	ylor		24. Was diseasa or Injury In any way related to occupation of deceased	uo	
20.		napolis,		0	If so, specify		
20.	FILED 24	, 19.379	Munk	Registrar.	(Signed) Clary O Saul	/ M. D.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earcfully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zattin propi
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory eauses of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE (	OF MARYLAND—	CERTIFICATE (	OF DEA	TH 1	293
1. PLACE OF DEATH	1 10	(34)			20
County County	andy	D 10	Registration D	list. No.	V 0
Village or City flores	To de (II	f death occurred in a horpital or instituti	on, give its NAME	instead of street and	ward number)
Langth of residanca in city or town whare	daeth occurradyrs,mos	ds. How long in U.S. if of	foraign birth?	угзг	nosds.
2. FULL NAME If seld	ease & Mar	flor ut 0. S. Veteran,	specify WAR		
(a) Residence: No.	(Usual place of abode)	St., Ward.		ive city or town an	d State
PERSONAL AND STATIST		MEDICAL CE	RTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	(Dey)	, 193
5a. If merriad, widowed, or divorced HUSBAND of	1		``		(Teal)
(or) WIFE of		22. I HEREBY	CERTIFY		d decaased from
6. DATE OF BIRTH (month, day, end yaer)	No 2/ 1931	last saw halive on	13-0,10-7		; daath is seid
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated	l above, at		, 44411113 3014
	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and ralatad causar	of importanca	
8. Trade, profassion, or particular		Ly Sulus &	Hered	lary	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.					
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.				·····	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this occupation				
10 PURIL 07 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s aread	Other Contributory Causes of Impor	tance:		
12. BIRTHPLACE (city or town) (Stata or country)	Coma				
W 13. NAME / Lehard	naulas/				
13. NAME   14. BIRTHPLACE (city or town).	eya l	Name of operetion		Date of_	
(Stata of country)	Colond	What test confirmed diegnosis?		Was there an	eutopsy?
15. MAIDEN NAME	Colvert	23. If death wes due to externel ceus	ses (VIOLENCE) fill	In elso the following	ng:
15. MAIDEN NAME SALLE 16. BIRTHPLACE (city or town) A. A.	2000 of	Accident, suicide, or homicide?	D	ate of injury	, 19
(State or country)	1 co ma	Whare did Injury occur?	(Specify city or t	own, county and St	ate)
17. INFORMANT Saval M. (Addrass)	aclas	Spacify whethar injury occurred in	INDUSTRY, in HOM	NE, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	P.1 H. de 31	Manner of injury			
Placa Jana Total		Neture of injury			
19. UNDERTAKER J. A. Laron (Addrass) Rolesvil	le Mara	24. Was disaase or injury in eny wa	y ralated to occupat	tion of decaesed?	
20, FILED 2/4, 1937	M. N. Clerylos	(Signad) Address)	clan c	laut g	/ M. D
If more	blanks are needed, address State Registrar,		uesting U. S. No.	r.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

. 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 112 6 100	19-7	a b	
Man	ا ا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			104-75-1

for sulfounding. I make correct eines fee le	
	the fele
under Fren De. 5/17/34.	0

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	157.0
County anne arrendel	Registration Dist. No. 2/
Village or City Benfield	No. Sover P. Oc St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  2—ds. How long in U.S. if of foreign birth?
0110101	
2. FULL NAME Infant (Boy ( COOK )	If U. S. Veteran, specify WAR
(a) Residence: No. Or care helf here (Juval place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wije the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Hat attended reased from
6. DATE OF BIRTH (month, day, and year) Fele 16 1937	I last saw halive on
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 5 m.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	asphysia remotorium
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
1D. Date deceased last worked at this occupation (month and yeer)	
B. Cold	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	04,200
13. NAME Joshman Cook.	
13. NAME Jefferson Cooks.  14. BIRTHPLACE (city of town) Rock Point	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Helen & Phumphrey	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Benfield	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Selferson In Cook Gather	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place M Carmel Date Feb 12, 1937	Nature of injury
19. UNDERTAKER John & Dermy	24. Was disease or injury in any way related to occupation of deceased?
(Address) 715 Light St	If so, specily 1 & Each
20, FILED 2-18, 1937 Z. U. Bill	(Signed) Paracleum - U.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
-----------------------------	---------------------------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1295
1. PLACE OF DEATH	
County W. W. Lo.	Registration Dist. No.
Village or City Commaports	ND. 6 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME / OSe Corysper	If U. S. Veteran, specify WAR
(a) Residence: No. 6 S (Usual place of abode)	St., Ward. WITHIN CORPORATE LIMITS OF It nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Library 15 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Harry Cooper	22. I HEREBY CERTIFY, That I attanded deceased from  14 ,1932, to 44 ,1932
6. DATE OF BIRTH (month, day, and year) June 10/983	I last saw h alive on 3th 14 , 193); death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 5 Am.
5-3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Chr. Vulisilen 14- Visease
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Chy. hiphutis ?
O 10. Data dacaasad last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Jumpajo dis	Other Contributary Causes of importance:
(State or country) , Mod.	
13. NAME Lanes formson	
14. BIRTHPLACE (city or town)	Name of operation 2001
(Stata or country) U - U - Co Md	What test confirmed diagnosis? Chancial Wastitel Tautopsy? The
15. MAIDEN NAME Ella Corner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ela Corner  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) W. W. W.	Where did Injury occur?
17. INFORMANT Harry Company (Addrass) 10 8 Williams St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Placa Bull July Data 26.17 1930	Natura of injury
19. UNDERTAKER Shafe Steels Ja	24. Was disease or injury In any way related to occupation of deceased? Two
20. FILED 2 17 , 1937 April 19	(Signed) Marrie 7. Klarvers, M. D.  (Address) 21 Smt Th 2 av.
Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 4 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	J	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1296
1. PLACE OF DEATH	(120)
County Chille Sig Office	Registration Dist. No.
Village or City annaju Lis	No. Commence of the state of th
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Thomas () Trees	If U. S. Veteran, specify WAR
(a) Residence: Np. April 011	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (registe the word)	21. DATE OF DEATH ( Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. AI HEREBY CERTIFY, Thet I attended decessed from
(or) WIFE of	The IV 198 2 to the N 198
5. DATE OF BIRTH (month, day, and year)	DI last saw hatter alive on the N. g., 1977; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.4.81m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8 Trade profession or particular	nitestinal Semonlan Date of once
khod of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Coose Jejan wheels! 143
Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	00
10. Date deceased last worked et this occupation (month and year)	
(State or country) L. E. A. M.	Dther Cantributary Causes of importance:  - Releadural Wellahan Jefum 7 cb.
13. NAME OLIVER CREEK	
13. NAME OLIVER CREEK	Name of operation LUNE Date of
(State or country)	What test confirmed diagnosis? 4:4009 Wes there an autopsy?
15. MAIDEN NAME And Johnson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19/
(State or country) William	Where did injury occur?
17. INFORMANT Carrie Allfa.  (Address) 64 Larhans Street	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDA, OR REMOVAL	Manner of Injury
Place MD Stylle Date 2 1 2/ 1931	Nature of Injury.
9. UNDERTAKER LO Kais & Hickor Ch	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Timudo vis 1 20	If so, specify
20. FILED 2 17 1937 SAMMED BELL .	(Signed) Whent'h lunglevour M. I
P. mister	(Address) which his was

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1/AD 4 1007				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be 3.-WRITE PLAINLY, W.

V. S. No. 1

STATE	OF	MARVI	AND-C	FRTIFI	CATE	OF	DEATH
SIAIE	OF	WARIL	AND		CALL	U	DEALE

1. PLAC	E OF DEA	TH	1 1/1/ (1 (			297
County	y Anne	e Arunde	1		Registration Dist. No. 21	
	-6	nnapolis		6.1.	No. A CO HOME St., f death occurred in a hospital or institution, give its NAME instead of street and number	
		city or town where o		yrsmos	sds How long in U.S. if of foreign birth?yrsmos	ds.
(a) Re	esidence: No.	A.A.Co.	Home (Usual place	of abode)	and St., annwarded.  If nonresident give city or town and State	;
	SONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male		or or race	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH (Month) (Day) (Day)	Yeer)
5a. If married, HUSBANI (or) WIFE	widowed, or div D of E of Eli:	orced zabeth C	rutchle	y	12. I HEREBY CERTIFY. That I attended decea	ised from
6. DATE OF B	IRTH (month, da	y, and year) Ja	ny. 2,	1875	ylest saw h elive on TEB 12 , 1937 ; dea	oth Is said
7. AGE	Years 62	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	te of onset
Z Trede, kir SA		particuler , es SPINNER, C EPER, etc	arpente	r	100,000,171 e	land
SA SA		SILK MILL,		************	On in the	7 30
	deceased last wo is occupetion (mo ar)	orked et onth end	11. Total t	ime (years) ntin this upation		1.1.02.5
12. BIRTHPLA (State	CE (city or town or country)	) А. А.	Co. Mar	yland	Dther Coutributory Causes of Importance:	
13. NAME	Unkno	own				
	PLACE (city or t tate or country)	own) Unkn	own		Name of operation Date of Was there an au'ops	ev?
15. MAIDE	NAME [	Jnknown			23. If death wes due to external causes (VIOLENCE) fill in also the following:	,,
	PLACE (city or t tate or country)	own) Un	known		Accident, suicide, or homicide? Date of Injury,  Where did injury occur?	19
17. INFORMAN (Addre	Marga ss) Anna	aret Cru apolis,	tchley Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CF	REMATION, OR Annapo	REMOVAL Olis, Md	• Date Feb	5.,.,1937	Manner of injury	
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.					24. Was disease or injury In any way related to occupation of deceased?	
20. FILED	4	1937	Mu	Registrar.	(Signed) (Ardress) 1,00 Complished	1/1
		Emore	blanks are needed,	ddress State Registrar,	, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Long Control of the C	-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
MAR 4 1937			_

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1298
1. PLACE OF DEATH	920
County ame um del	Registration Dist. No. 7 20
Village Dr City Mayo	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphet of institution, give its (NAIVIE, instead of street and number)
2. FULL NAME Mary V Cumin o	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  **Married**  **Married**  **Married**	21. DATE OF DEATH 3.6. 15 193 7
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of William & Cumago	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 6 July 1864	I last saw her aliva on Feb 15, 1937; death is said
7. AGE 79 Years Months Days If LESS than	to have occurred on the date stated above, et 11:30 P.m.
7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this cocast	Caranary Thrambasia 1/1/3/
9. Industry or business in which	715/3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Mayo, a.a. C s.	Dther Contributory Causes of importance:
(State or country) Ama	Alex endaced the
13. NAME William Jackson	Mrs. asterio polerasis
14. BIRTHPLACE (city or town). Mayo Md	Nama of operation name Date of
(State or country)	What test confirmed diagnosis? Classical Was there an autopsy? 772
15. MAIOEN NAME Nellie Tucker	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mays as Co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Thomas & Collison (Address) Edginater md	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place mayo. Date 1.6 . 18 , 19.37	Nature of Injury
19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville, Maryland	24. Was disease or injury In any way ralated to occupation of decaased?
20. FILED Fleb 17, 1927 Carrie Shirth.	(Signed) J. Willis Martin M. D. (Address) Asia Salis, M. O.
H. J.	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

2 11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

MO

TION is

16, BIRTHPLACE (city or town) \_\_\_.

(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John M.

Mrs. Grafton Ridout

152 Green St.

Annanolis

1. PLACE OF DEATH						Date of Other Contributory Causes of importance:  Neme of operation.  Date of Detection and Detectio	
	County	Anne A	rundel	•		Registration D	ist. No.21
2	11.2	Idence In city		deeth occurred	7yrsmos	death occurred in a horpital or institution, give its NAME.  ds. How long In U.S. If of foreign birth?	instead of street and number)
	(a) Residen	nce: No 1	52 Gre	en St.		St., Ward.	
	PERSON	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. 8		4. color Whi		OR DIVORCE	(write tha word)	Sofragery	12 ,193
_	HUSBAND of (or) WIFE of	None		m+ 75	1 050	John 11 , 1937 , 10 de	hung 12 , 19:
	NGE Yes	ars	Months 5	Deys 2	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated abova, et. 6. A The PRINCIPAL CAUSE OF DEATH and related causes	of Importence
OCCUPATION	9. Industry or work we SAW Mill	work done, as t, BOOKKEEPE business In w s done, es SIL LL, BANK, etc. sed lest worke spetion (month	SPINNER, N. R, etc. N. hich K MILL,	None	nt in this	John Preumon	
12.		,		msport		Other Contributory Causes of importance:	
2	(Section 1)						
FATH	14. BIRTHPLACE (Stete or	E (city or town r country)	) Mary	land		Neme of operation	Dete of
Female White Or Divorced (Wonth) (Dey)  5a. If married, widowed, or divorced HUSBAND of (or) Wife of None  6. DATE OF BIRTH (month, dey, end year) Sept. 15, 1858  7. AGE Years Months Deys If LESS than 1 dey, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SPINNER, None  SAW MILL, BANK, etc.  10. Deto decased lest worked et this occupetion (month and year)  12. BIRTHPLACE (city or town) Williamsport  (State or country) Pa.  13. NAME John H. Dashiell  14. BIRTHPLACE (city or town) Maryland  Neme of operation.  D. Nome Of operation.							

STATE OF MARYLAND-CERTIFICATE OF DEATH

E OF DEATH Jhat I attended deceased from ses of Importence Date of onset \_\_\_\_ Dete of ..... Was there en au'opsy?\_\_\_\_ fill in elso the following: Accidant, suicide, or homicide?\_\_\_\_\_\_ Deta of Injury\_\_\_\_\_\_ 19\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Menner of injury Baltimore, Md. Data Feb. 19, 1937 If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUBLAN V	ez [1		
Other contributory causes of importance:	- t	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	1072
County to to Mo	Registration Dist. No.
Village or City Lange Uly	No. S. 3 4 Classification of St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of loreign birth?yrsmosd
2. FULL NAME Change Macin	If U. S. Veleran, specify WAR
(a) Residence: No. 8 3 11 has John.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Ol 11 193 7
e. If married, widowed, or divorced	(Month) (Oaý) . (∜aar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased In
DATE OF BIRTH (month, day, and year)	I last saw h_la_aliva on Jul 10 1937 death is si
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at
55 24 Iday,	were as follows:
8. Trade, profession, or particular	Oate of one
SAWYER, BOOKKEEPER, atc.	Malnutulion.
9: Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc	Gravelsoful moria
10. Date deceased last worked et   11. Total time (yaars)	4
this occupation (month and spent in this occupation occupation	
2. BIRTHPLACE (city or town) West Resul	Other Contributory Causes of importance:
(State or country) a.a. Co. Md	
13. NAME Samuel pliags	
14. BIRTHPLACE (city or town)	Nama ol operation Oete ol
(State or country) Lawrey 46. Mg	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME latherine parker	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
(State or country) for Co. M.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sarah Para (Addrass) 40 F	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Burell Jelf Oata 2/14, 193	Natura of Injury
a supervier to has & Wight 12.	24. Wes disaase or injury in any way related to occupation of decaased? No
19. UNDERTAKER (Address) (Address) (Address)	If so, specify
20, FILEO 17 19 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) N. W. 8 club mp & M.
Regispar.	(Addrass) 55 Son Slugut are
Il store blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Dungte mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 1097			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
----------------------	---------	------------	---------------	-----------

(Signed)

Gore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

County Anne Arundel Village or City Annapolis 2. FULL NAME Charles Ashby Duvall (a) Residence: No. Camparole A. A. Co. Md. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Male White 5a. If married, widowed, or divorced HUSBAND of Susan A. Duvall (or) WIFE of 7. AGE Months If LESS than Davs or .... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) A. A. Co. (State or country) 13. NAME Daniel Duvall FATHER 14. BIRTHPLACE (city or town) 4. Maryland (State or country) MOTHER 15. MAIDEN NAME Elizabeth Waters 16. BIRTHPLACE (city or town). Maryland (State or country) Gordon Duvall (Address) Annapolis 18, BURIAL, CREMATION, OR REMOVAL Placa Annapolis, Md. Data Feb. 21 19. UNDERTAKER John M. Taylor 24. Was diseasa or injur (Address Annapolis If so, specify

(Month) (Day) I HEREBY CERTIFY. Lat 1 attanded deceased from to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance Date of onset What test confirmed diagnosis? \_\_\_\_\_ Was there an aulopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Nature of injury.

MEDICAL CERTIFICATE OF DEATH

S. No. 1

OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 4 193			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

If more blanks are needed, address State Registrar, 2411 N.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		in white K.D	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Bisher	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

of occupa.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	9	1	1		)
I	0	ŧ	1	ę.	5

1	. PLACE OF DEATH		82:0	
110	County Anne Arundel		Registration Dist. No. 21	
	Village or City Annapolis	CORPO	No. City Dock St., death occurred in a hospital or institution, give its NAME instead of street and it	Ward
	Langth of residence in city or town where dea	th occurred 66 yrs mos	death occurred in a nospital of institution, give its INAIVIE, instead of street and itds. How long in U.S. if of foreign birth?yrsm	osds.
1	. Full name John R. Fi		If U. S. Veteran, specify WAR	
1	(a) Residence: No. City Doc		St. Ward.	
-		(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
	Male   4. color or race   s	or Divorced (write the word)  Married	21. DATE OF DEATH  (Month) (Oay)	, 193.7
5a.	If marriad, widowed, or divorced HUSBANO of (or) WIFE of Elizabeth From the control of the contr	e ema n	22. I HEREBY CERTIFY, That I attended	
6	DATE OF BIRTH (month, day, and year)	July 27 1872	I lest saw h alive on, 19, 19	
7.	AGE 64 Years Months About/66	4 Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work dona, as SPINNER, WE SAWYER, BOOKKEEPER, etc.	aterman for	Cerebral hemorrhage	-
OCCUPATION		shing parties		
000	10. Data deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation		
12	BIRTHPLACE (city or town) Annapo (State or country) Marylai		Other Contributory Causes of Importanca:	
ER	13. NAME George W. Freet	nan		
FATHER	14. BIRTHPLACE (city or town) Anna no (State or country) Maryla		Name of operation Oate of What test confirmed diagnosis? Was there an	
ER	15. MAIDEN NAME Josephine	Freeman	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or town) Anna po	lis	Accident, suicide, or homicide? Oate of Injury  Whera did injury occur?	
17	INFORMANT George W. Fre	eeman I.	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	
18	BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md.	Data Feb. 4, 1937	Menner of Injury	
19	UNDERTAKER John M. Taylo (Address) Annapolis M	or 1. / P	24. Was disease minjury in any way related to occupation of secesased?  If so, specify Joseph M. Climationa	1.8
20	FILED 2 4 1937	My P. M. Registrar.	(Address) Annapolis Md	
	If more bl	anks are needed, address Syste Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes Total	
The principal cause of death and related causes of importance were as follows:	of onset
5 Attack of epilepsy 1 w	cek ago
1 Run over by street car 1 w	eek ago
1927 Peritonitis 3 de	ays ago
Other contributory causes of importance:	
1923 Gastroenteritis 1	year
1.2	of importance were as follows:  Attack of epilepsy  Run over by street car  1 w  1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER S	STATEMENT	S BY PHYSIC	CIAN 1 1937
CHANGE OF AGE OF	DECTASED:	Letter	2/15/37	under Jos	ADMISTEDING T
				C. Control Marine	-5.47

may

BINDING

MARGIN RESERVED

plain terms, in DEATH should OF CAUSE LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Anne Arundel Registration Dist. No. 27 Village or City Anna polis 107 Charles St. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. 2. FULL NAME Raymond Wier (a) Residence: No. 107 Charles St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male White Married (Month) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That & attended deceased from (or) WIFE of Edith I. Garner Dec. 29 4 ... 1937 : death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 230 7. 7. AGE Months Days If LESS than I day ....- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, Baker OCCUPATION SAWYER, BOOKKEEPER, etc ..... Academy 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10 Date deceased last worked at II. Total time (years) this occupation (month and spent In this occupation 12. BIRTHPLACE (city or town)\_ Maryland (Stata or country) 13. NAME George Garner 14. BIRTHPLACE (city or town) Maryland (Stata or country) What test confirmed diagnosis?. MOTHER Joanna Rockhold 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ... (State or country) Maryland (Specify city or town, sound and State)
Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE. Edith I. Garner (Addrass) Annapolis, Mary land 18. BURIAL, CREMATION, OR REMOVAL Placa Annapolis Md. Data Feb. 24. Was disease or injury in any way raiated to occupation of deceased? John M. Taylor 19. UNDERTAKER ... (Addiess)

If hole blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	il	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5,1927	Cerebral hemorrhage
			BURLAN V. W.
	Other contributory causes of importance:		Other contributory causes of importance:
1 year	Gastroenteritis	May 1,1923	Gallstones
		May 1,1923	

ADDITIONAL SPACE FOR FURTHER STATE	TEMENTS BY	PHYSICIAN
------------------------------------	------------	-----------

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1305

1. PLACE OF DEATH	93-20
County Anna arundel	Registration Dist. No.
Village or City Tenthe Cumb Height	ND. Amilia cumb St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs2n	nosds. How fong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vallie of Garrett	If U. S. Veteran, specify WAR
(a) Residence: No. Greenwood Rd (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.  Temale White 5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced  HUSSARD ( (or) WIFE of Charles a Garrett	22. I HEREBY CERTIFY, That I attended deceased from  Nov. 10 1976 to 145 13 1937
6, DATE OF BIRTH (month, day, and year) Jan 7 1861	I last saw ht. alive on 24-13 , 1937; death is said
7. AGE Years Months Days If LESS than	
/6 / 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Housewast SAWYER, BOOKKEPER, etc	Meneralny and Selensia
9. Industry or business in which	will staff trung
kind of work done, as SPINNER, former SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and specified).	
11. Total time (yeers) this occupation (month and year) year)	
2. P. 1 P.	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) // Low / W. (State or country)	anticular Fibrillation
13. NAME John Watters	
14. BIRTHPLACE (city or town) Richmond Va	Neme of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Ennue Lawe	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Enrice Lawe  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
0 ' 0 ' 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMATING Mona Garrett  (Address) 1028 Cathedral It	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cedar Hill Dete tel 20, 193	Nature of injury
19. UNDERTAKER John 7 Downy (Address) 7/5 Licht St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED L'y del , 19 37 ballwell hoots of & Registrar.	(Signed) Saul Lubra M. I (Address) 320 Patapaco Mare - Brookly a
If more blanks are needed, address State Registr	ar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1. Balting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	--------------	----------	---------	------------	----	-----------

<	Gan.D. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	\
MARGIN RESERVED FOR BINDING	B. WRITE PLAINLY, WY UNFADING INK-THIS IS A PERMANENT! CAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S No. 1	B. WRIT	mation	CAUSI	TION i

STATE OF DEATH	F MAR	YLAND-	CERTIFICATE OF DEATH	1306	
County Anne Arundel			Registration Dist. No. 27		
Village or City Crownsvil	le Stat	te Hospit	Registration Dist. No	Ward	
Length of residence in city or town where de	ath occurred	(II) wrs5mos	death occurred in a horpital or institution, give its NAME instead of street and6ds. How long in U.S. if of foreign birth?yrsyrs	d number) mosds.	
2. FULL NAME ISAAC G			If U. S. Veteran, specify WAR.		
(a) Residence: No. Raltimo	(Usual place	of abode) Str		nd State	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH		
male black	S. SINGLE, MAR OR DIVORCE W1 do	RIED, WIDOWED, D (write the word) DWEd	21. DATE OF DEATH February 9th (Month) (Dey)	, 193 7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. I HEREBY CERTIFY. That I attended deceased Sept. 3rd 19 36 to Feb. 9th 19		
6. DATE OF BIRTH (month, day, and year)	375		i lest saw h. im elive on Feb. 9th , 1937; deeth is sait to have occurred on the date stated above, at 7:45Am. M.		
7. AGE Years Months	Days	if LESS than			
62 Unkn	own	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: General arteriosclerosis	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER,	Labore	יך	General arterioscierosis		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc					
10. Date deceased last worked at this occupation (month and year)	_ spe	ime (years) nt in this			
12. BIRTHPLACE (city or town)	inia		Other Contributory Causes of importance: Senility		
1 71 0100	in				
13. NAME JOHN GRIII:  14. BIRTHPLACE (city or town)  (State or country)	Virgi	nia	Name of operation Date of Was there en of Date of Was there en of Date of		
	y (Unkr	lown)	23. If death was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Halley (Unknown)  16. BIRTHPLACE (city or town) Virginia (State or country)			Accident, suicide, or homicide? Date of injury Where did injury occur?		
17. INFORMANT Hospital Rec		ferri on d	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Place.	Date 2/	2-,19.	Menner of injury		
19. UNDERTAKER A P. Wa. (Address)	uter or	de, Duff	24. Was disease or injury In any way related to occupation of occased?  If so, specify		
20. FILED Fort, 12, 1937 E:	4. 100	Registrar.	(Signed) Crownsville, Marylan	65 M. I	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			14.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-
			THE TAX

RITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT R. CORD. Every item of infor-	CIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IT L. CORD.	Y. PHYSI	Exact stal	
PERMANEN	EXACTI	ly classified.	ate.
IS IS A	e stated	e proper	f certifica
INK-THI	q plnous 2	t it may b	N is very important. See instructions on back of certificate.
ADING	ed. AGI	is, so tha	tructions
UNE	lly suppli	plain term	See ins
INLY, WI	be carefu	EATH in 1	important.
TE PLA	plnous	E OF DI	is very
RI	ioi	5	Z

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	94-2
County anne arundel.	Registration Dist. No. 23
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fannie Ella Elascock  (a) Residence: No. Lishe en 14th  (Usual place of abode)	- If U. S. Veteran specify WAR.  - Sayof - Ward. % E. P. Srchuball  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write tha word) Sen gete	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That   ettended daceasad from 744 2 ,1937, to 744. 2-8 ,1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin,	I last saw h alive on 7.3, 19.3; death is said to have occurred on the data stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc. (17 - Land) 9. Industry or business in which work was done, as SILK MILL, Jackey	were as follows:  Orters relative:  Coronary Theometric Fel 2, 173  Cataliae Conform.  Fel 2, 173
SAW MILL, BANK, atc.  10. Date decassed last worked at this occupation (month end /932 spent in this 307 year)  12. BIRTHPLACE (city or town) / Cilman mork.  (State or country)	Other Contributory Causes of Importence:
13. NAME William Lither Glascork -  14. BIRTHPLACE (city or town) Vinginia - (State or country)	Name of operation
15. MAIDEN NAME /Lower Ha Ramonds -  16. BIRTHPLACE (city or town) Ver general  (State or country)  E. P. Aschifeed	What test confirmed diagnosis? Was there en eutopsy? Date of Injury Date of Injury Date of Injury Occur? (Specify city or town, county and State)
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place SA Massinglia Cof., 2. 0. 6. 2 d - Date 74, 25, 1937.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury
19. UNDERTAKER Shope Jaylar (Addrass) annapoler. Md.  20. FILED Teles. 23, 1937 M. P. Dela Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Slan Barner, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TENTOTITE	DI LI OLI	TOIL	T O IV I III III	DIAMETER TO	10.1		# T.A

address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Was there an autopsy?

..St.,\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1309

1. PLACE OF DEATH	920
County Chrono arundel	Registration Dist. No. 23
Village or City Glass Burnie	No. GlanBurnie P. O. St., V
7.4	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \( \subseteq \subse	osds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME John IV Hardesty	If U. S. Veteran, specify WAR
(a) Residence: No. Lanling are + D Sta	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Gel 8 1937
male I have married	(Month) (Dey) (Yea
Fig. 1f married, widowed, or divorced HUSBAND of Control HUSBAND of Co	22. I HEREBY CERTIFY, That I attended decessed
Clizabeth Hardeshi	1/20/37, 19 , to JE68 192
5. DATE OF BIRTH (month, dey, and year) Oct 22 1897	I last saw h. Line elive on Jan 1937; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, et
89 3 16 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trede, profession, or perticular	
kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc.  Judustry or business in which work was done, es SILK MILL.	(allem Clanais)
9 Industry or business in which work was done, es SILK MILL, Worker SAW MILL, BANK, letc	Chrisic Endo carelle flusher
	mysoardillo
10. Date deceesed last worked at this occupation (month end occupation countries)	
a dela	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Amy Mass (State or country)	Caralnal hammana 100
13. NAME John Hardesty	Cecciana
	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?/
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
- Confusion 10 gard	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17 Women Mrs Elizabeth Handest	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Pauline are & D. It	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colar Hill Oate tet 11, 193	Neture of Injury
19 UNDERTAKER John & Denny	24. Was disease or injury in any way related to occupation of decoesed?
(Address) 715 Light St	If so, specify
ment Fet. 10. 37 m. R. Seally	(Signed) Cleurande
Registrar.	( Bunt Bunt me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

TION is very important.

N. B.—WRITE PLAI

MARGIN RESERVED FOR BINDING

1. PLACE (	OF DEATH			
County	Anne Arundel			Registration Dist. No. 245
	City_Brooklyn,			No. 1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foraign birth? yrs. mos. ds.
	AME Stillbirt		, /	rleIf U. S. Veteran, specify WAR
(a) Reside	ence: No. Brookly	n. Md. (Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) CO birth	21. DATE OF DEATH Still born; Feb. 23rd. 1937 (Month) (Day) (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owad, or divorced	-		22. I HEREBY CERTIFY, That I attended decassed from Feb. 23rd. 1937, Still birth: premature,
6. DATE OF BIRTH	(month, day, and yaar) Fel	. 23rd. 1	1937	I last saw h alive on, 19; death is said
7. AGE Y	ears Months th; premature	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc				Prematurebirth
1D. Date daces	vas dona, as SILK MILL, IILL, BANK, etc	spa	ime (years) nt in this upation	
t2. BIRTHPLACE (	city or town)_Brookly	a, Md.		Other Centributory Causes of Importance: Undetermined
	as. Wm. Harle			
14. BIRTHPLAC	CE (city or town) Mary. or country)	land		Neme of operation NONE Dete of What tast confirmed diagnosis Examination Was there an autopsy?
15. MAIDEN N	IAMEIrma Anette	Jacobs		23. If death was dua to axternal causes (VIDL ENCE) fill in elso the following:
15. MAIDEN N 16. BIRTHPLAC (Stata	CE (city or town) Mary 1: or country)	and		Accidant, suicida, or homicide?
17. INFDRMANT(Address)	Irma Annette H. Brooklyn, Md.	arle		Spacify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18 BURIAL CREMA Family di Place	ation or REMOVAL LSPOSED OF foe	tus Data	, 19	Manner of injury
19. UNDERTAKER (Address)	24 ,1937 0	La M. W	helin Registrar.	24. Was disaese or injury n any way related to occupation of decaased?  If so, specify  (Signad)  (Address) 3564 Hanover St. Bklyn, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
22. 00. 00000, 0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS	BY	PHYSICIAN
----------------------------------	----------	----	-----------

See instructions on back of certificate.

rion is very important.

-WRITE PLA

V. S. No. 1

1. PLACE OF DEAT	ГН			98-2
County An	ne Arur	ndel		Registration Dist. No. 21
Village or City Acc	y or town whara	daath occurred U	nknown mos	AV Ano. HOSPITAL St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foralgn birth?
2. FULL NAME	HEADY	Harr	у	If U. S. Veteran, specify WAR OYER
(a) Residence: No	48 Madi	son Str (Usual place	eet of abode)	St., Ward. WITHIN COMPONATE LIMITS.  If nonresident give city or town and State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	r or race	OR DIVORCE	RfED, WIDOWED, D (write tha word)	21. DATE OF DEATH FEBRUARY 23 1937 (Year) (Month) (Day) (Year)
5a. If married, widowed, or divor HUSBAND of	rcad			22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	XXX			Jan 16. 1937, to 2-23-37 19
6. DATE OF BIRTH (month, day	and vaar)	Apr 10.1	875	I last saw h_im_alive on 23 Feb 1937 death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 6 ;-15_mam
61	10	13	or AXX hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wara as follows:
8. Trada, profession, or pa kind of work done. SAWYER, BDDKKEE 9. Industry or business in work was done. as S SAW MILL, BANK, a 10. Data deceased last wor this occupation (mon year)	ns SPINNER, PER, etc which ILK MILL, tc ked at th and Lred - L	11. Total t spe occu	CORPS ime (yaars) nt in this upetion 30	Chronic myocarditis unknown  Coronary solerosis unknown  Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town). (State or country)		•	Sas	General arteriosclerosis unknow
H 13. NAME Will	iam Hea	ady		
14. BIRTHPLACE (city or to (State or country)	wn)UNKI	NO.MN	0.	Name of operation
# 15. MAIDEN NAME U	NKNOWN		-	23. If death was due to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (cit) or too (State of county)	wn)_UNKN	AM.		Accidant, sulcide, or homicide? XXXX
17. INFORMANT DAN (Addrass) TIS NA 18. BURIAL, CREMATION, OR R Place Naval A	VAL HOS	SPITAL A	r(MC)USN nnapolis -25-3%	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Md  Manner of Injury  Neture of Injury  XXX
19. UNDERTAKER B.	L. HOPP	TNG		24. Was disease or injury in any way related to occupation of decaased? NO
(Address) An	napo ki		Registrar.	(Signed) 1. R. MENHOUSER Lt(MC) USN-M. D. (Address) NAVAL HOSPITAL ANALYSIS

Af more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago DALD Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Deceased was veteran of: Spanish American War, Philippine Insurrection, Nicaragua Expedition(1913), Dominican Expedition and World War.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	infor-	state	UPA-
29	of	pli	2
	E	hor	0
	ite	CO	of
	ENT I Every item of infor-	LY. PHYSICIANS should state	Exact statement of OCCUPA-
	0	SI	stat
		H	ct s
	-		Exa
	H	×	
C	Z	H	o.

FOR BINDIN

MARGIN RESERVED

certificate. may instructions on that See plain careful important. OF DEATH pluods TION

1. PLACE OF DEATH County Registration Dist. Village or City (If death occurred is hospital or institution, give its NAMP instead of street and number) How long in U.S. If of foreign birth? THE U. S. Veteran, specify WAR. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Vauai place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH J. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5e. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 0evs If LESS then to have occurred on the dete steted above, at-1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or ..... min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) this occupetion (month end spant in this octupation \_\_ Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis?\_\_\_\_\_ Was there en au'opsy?\_\_\_\_ MOTHER 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Oete of injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of injury\_\_\_\_\_ ho 24. Wes disease or injury in env way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify

wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. Ne. 116

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago 503 LENGT-W. R. E. Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones Mau 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrunt, Cook en at home, who are engaged in the duties of the Never return "Laborer." "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; a. Ational line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Whatever, write None. busi less that fact may be indicated thus: Farmer! (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing beath, Mousemuid, etc. If the occupation has been chinged to report specifically the occupations of persons chployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furm laborer. Laborer-(a) Foreman. (b) Automobile factory. should be used only when needed. As examples: (a) n: ture of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of false s of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oced 6 yrs.). For many occupations a single word or term on specially in industrial employments, it is neces-OF 11 without more precise specification as Day Home, and children, not gainfully em Stationary firemen, etc. For persons who have no occupation -Coal mine, etc. Won-The material But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necept ed term for the same disease. Examples: Cercbrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." (R-commendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tolunus) in y be stated under the thire of the injury, as fracture of skull, and conse as probably such. if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause "Puerperal seplicuemia." "Purrental peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage." "Inauition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemor symptomatic). "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mensles use of "Tunuor" for mallgnant neoplasms); inges, peritonarum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Roisoned by carbol acid-probably suicide. taken. For violent bundles state Means of injury vulsious." Chronic interstitual nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; ...... (name origin; "Cancer" is less definite; avoid hain-accident: Revolver wound of head-homicide; Examples: Accidental drowning: (secondary or intercurrent) affection need not be "Debllity" ("Congenital," "Senile." etc.), for which surgical operation was under-"Amaemia" Always qualify all Struck "Coma," by railway Measles; (second-(disease (merely .. Соп-

this certificate is 1, ked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before The certificate is permanently filed.

	infor-	state
	tem of	pluods
	RD. Every i	YSICIANS
1	20	PH
BINDING	-WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT ROORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated
MARGIN RESERVED FOR BINDING	G INK-THIS	GE should be
MARGIN	UNFADIN	supplied. A
	W	refully
	B PLAINLY,	should be ca
1	-WRITE	mation

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1		STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 13	14
1.	PLACE OF	DEATH			100	
		Finne Aruv	ndel		Registration Dist. No. 22	/
	Village or Cit	y Laurel			No. District Training School St. 2	Ward
	Length of resida	ance in city or town where	daeth occurred	(II yrsOmos	death occurred in a hospital or institution, give its NAME instead of street and number 22. ds. How long in U.S. if of foraign birth?	r) ds.
2.	FULL NAM	IE Anna M	Tay da	ckson	If U. S. Veteran, specify WAR	
	(a) Residence	e: No. District 7	Laining d	chool of abode)	St., 2 Ward. Corents live in Washington of If nonresident give city or town and State	oc
	PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	EX	4. COLOR OR RACE	5. SINGLE, MARI OR DEVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  Sebruary 2 8 , 193  (Month) (Day) 0	7
5a. I	f married, widowed HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attanded deceas	on Phys
e D	ATE OF BIRTH /m	nonth, day, and yaer) (a	14	1928	1 last saw h 22 alive on 2 ch 2 7 19 37; daat	9.3/
7. A			Days	If LESS than	to have occurred on the date steted above, at 45 a m	n is said
	9	/	14	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importance	1
N	8. Trede, professi kind of wo	ion, or perticular rk done, as SPINNER, BDDKKEEPER, atc	1 -1-1-	l +	Bronchopneumonia 3-3	of onset
CCUPATION	SAWYER, E 9. Industry or bu		neumor	a onmare	Microcephalic Idiocy 1-1	14-28
UP	work was d	ione, es SILK MILL, BANK, etc				
000	10. Date deceased	last worked at tion (month and	11. Total ti	me (yaars) t i n this petion		
12 8	BIRTHPLACE (city	2/ /	iniston	petion	Other Contributory Causes of importence:	, alt
	(State or countr		0.0			
ER	13. NAME Su	hu Melvin	Jacker	on		
FATHER	14. BIRTHPLACE (		iles Com	rty	Neme of operation	24
ER	15. MAIDEN NAMI	- Danny	mario	2112 80	What test confirmed diagnosis? _ Caramantas _ Was there an autopsy	7.1.11
품	16. BIRTHPLACE (	city or town)	mary	County	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	9
-	(Stete or c	Septitution	Recon	ds.	Where did injury occur?	
18. B	URIAL, CREMATIO	N, OR REMOVAL	0-		Manner of injury	
	Place Yy	allspiele	Date 204	2 2 193 7	Nature of injury	
19. U	NDERTAKER	Haven	bans	יע	24. Wes diseasa or trijury in any wey related to occupation of daceasad? No.	
20. F	ILED Man 7	1 37 ble	May Willy	asluf.	(Signed) Celefander  (Address) Destrict Training School	M. D.
0.00		If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Laurel M	A

Laurel, md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related to the principal causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
8 11 AU V. S.	73				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORD. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. P	PLACE OF	DEATH				(131)			
	County	AnneArune	lel				Registration Dist.	No. 21	
	Village or Cit	y Oakwood	, Gl.	en Bi	irnie P. (	. No. death occurred in a hospital or institu		St.,	Ward
	Length of reside	ence In city or town whe	re death occ	urred2	(If 27_yrs,mos	death occurred in a hospital or institu	ntion, give its NAME instr of foreign birth? 32.	ead of street and nu	imber)
		EPaul Jac				If U. S. Veteran,			
1		: No. Oakwoo		len			specify WAIL		
						O.St., Ward.	If nonresident give		otate
		AL AND STATIS	-				ERTIFICATE OF	FDEATH	
3. SEX	ale	4. COLOR OR RACE white	OR	GLE, MARI DIVORCED LTT1e	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH	I8th	(Day)	193 7 (Year)
H	nerried, widowed USBAND of or) WtFE of	d, or divorced  Dorothy	Jacol	)			CERTIFY. 1		eceased from
6. DAT	E OF BIRTH (m	nonth, day, end year)	Jan.	I5,	1872	I last saw himelive on	FebI7	,1937	death is said
7. AGE				Days	If LESS than 1 dey,hrs,	to have occurred on the dete state			
1	65	1 -		5	ormin.	The PRINCIPAL CAUSE OF DEAT were es follows:		1	Date of onset
S 78.	kind of wo	ion, or particular ork done, as SPINNER BOOKKEEPER, etc	a rmei	_		Chronic parer		nepnr	tls
OCCUPATION	Industry or bu	usiness in which				Chronic myoca	1101618		ndefin.
3	SAW MILL	done, as SILK MILL, , BANK, etc							
0 10.	. Dete deceased this occupa	l lest worked at tion (month and 1927	,	11, Total tid spen	tin this A A				
	year)				pation 40 yr	Other Caatributary Causes of Impo	ortance:		
12. BIR	THPLACE (city (State or count	>	gweid			General anas	5a.r.ca		I4-days
œ   <sub>13</sub>		nknown	ermar	<del>y</del>					
E	4								
K 14.	State or c	city or town)ountry)	ermar	1V		Name of operation What test confirmed diegnosis?			
置 15.	MAIDEN NAM					23. If death was due to external ceu			
15. 16.	BIRTHPLACE (	(city or town)				Accident, suicide, or homicide?	Date	of injury	, 19
Σ	(State or c		Germa			Where did injury occur?	(Specify city or town	county and State	
17, INF	ORMANT	Mrs. Pau			d.	Specify whether Injury occurred in	n INDUSTRY, in HOME,	or In PUBLIC PLA	ĆE.
		ON, OR REMOVAL				Menner of injury			
	Place_III.t.	Carmel	Dete	Feb.	20, 1937	Nature of injury			
19. UNI		hos. W. S.	ingle	tan.	***************************************	24. Was disease or injury in any w	vey related to occupation	of deceased?	no
	(Address)	Glen Bur	nie,	111	2 . 1	If so, specify	a 12	Erit	
20. FILI	ED Tel	. /8,19 32	$z \cdot a$	- 63	cus	(Signed)	Dagad	un.	M. D.
					Registrar.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
lan a			
Other contributory causes of importance:	1931	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE O	F DEAT	н			CERTIFICATE OF DEATH 131		
County	Anne	Arunde	el		Registration Dist. No. 12.4		
1				te Hospi	talno. St., V  f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos		
			Johnso	- 110			
2. FULL NA					If U. S. Veteran, specify WAR ltispore, wad		
(a) Residen	ice: No	000 02	(Usual place		If nonresident give city or town and State		
PERSON	AL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
female	4. COLOR bla			RIED. W100WED. D (write the word)	21. DATE OF DEATH February 1st (Dey) (Yeer		
5a. If merried, widow	ed, or divorce	ed			1997		
(or) WIFE of	Un	known			22. I HEREBY CERTIFY, That I ettended decessed from Dec. 1st 19 36 to Feb. 1st 19 37		
6. DATE OF BIRTH	(month day		1878	0	i last saw h. er. alive on Feb. 1st 19 37; deeth is		
7. AGE Yee		Months	Deys	If LESS then	to heve occurred on the dete stated above, et A. m.		
5	9 ?	Unk	nown	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8 Trade, profe	ssion, or pert	icular SPINNER	Domo		were as follows: Date of of Os		
NOTE SAWYER  9. Industry or work was SAW MILE  10. Oete decease	BOOKKEEPE	SPINNER, R, etc.	Dome	SULC			
work was	s done, es SIL	K MILL,		-			
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oete deceased last worked at this occupetion (month and yeer)				ime (yeers) nt in this			
					Other Contributary Causes of Importance: Arteriosclerosis		
13. NAME	Dan	ie How	ard				
13. NAME 14. BIRTHPLACE (State or		n)Pe	nna		Neme of operation Dete of Whet test confirmed diegnosis? Was there an autopsy?		
15. MAIDEN NA	ME	Katie	Green		23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:		
15. MAIDEN NA	(city or town	1)	aryland		Accident, suicide, or homicide?		
∑ (State or	country)				Where did injury occur?		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMAT	JON, OR REM	/ //	1 Dete 2/5	737,19	Menner of Injury		
19. UNDERTAKER (Address)	9	H. Ca	Thous	ST	24. Wes disease or injury in any wey releted to occupation of decessed?  If so, specify  (Signed)		
20. FILEO_#VI	J, 19	/	Ti fory	Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

I D D THE CALL	an Lan	707	*****	CONT. A CONTRACTOR CO.	THE PERSONNELL	4 -
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIA	$\Lambda N$

V. S. No. 1

1	. PLACE OF DEA	TH			97)		
	County Ann	ne Arund	el		Registration Dist, No. 4		
	Village or City	Crownsy	ille St	ate Hospi	t AD. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
				yrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.		
1:	. FULL NAME				If U. S. Veteran, specify WAR.		
	(a) Residence: No	2516 Ma	dison A	venue, Ba	altsi, more, ward aryland  If nonresident give city or town and State		
-	PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3.	the state of the s	ack		RIED, WIDOWED,  (write the word)	21. DATE OF DEATH February 10th (Month) (Day) (Year)		
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of ——	orced			22.   HEREBY CERTIFY, That I attended deceased from		
6.	DATE OF BIRTH (month, da	y, and yaar)	186	1	I last saw h er alive on Feb. 10th 19 37; daath is sald		
7.	AGE Yaars 76	Months Unkn	Oays OWN	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 8 : 55 A m o  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
OCCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Housework  9. Júdustry or business in which				wera as follows: General arteriosclerosis Date elenset		
OCCUP	work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last worked at this occupation (month and ———————————————————————————————————			nt in this			
12.	BIRTHPLACE (city or town) (State or country)	Mary	land		Other Contributory Causes of Importanca: Senility		
ER	13. NAME Unk	mown					
FATHER	14. BiRTHPLACE (city or to (State or country)	own)Unk	nown		Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?		
2	15. MAIDEN NAME U	nknown			23. If death was due to external causes (VIOLENCE) fill in also tha following:		
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)U	nknown		Accident, sulcida, or homicide? Date of injury19		
17.	0	nital R Crownsv	ecords	arvland	Where dld injury occur?		
18. BURIAL, CREMATION, OR REMOVATO Place Data 12-7, 19				~= 719	Manner of Injury		
19.	UNDERTAKER DECK (Address)	. P. Win	turke	Huff	24. Was disease or injury in any way related to occupation of deceased?		
20,	FILED. FLA. 12	1937	J. 10	Registrar.	(Sened) Crownsville, Maryland		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

stated EXACTLY.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY,

Exact statement of OccUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	9	1	0	
I	D	1	0	

1. PLACE OF DEATH		82.B			2
County aa			Registration	Dist. No.	20
Village or City		No			d number)
Length of residence in city or town where d	earth occurredyrs,mos	ds. How long In U.S. if o	r foreign birth?	yrs	_mosd
2. FULL NAME / M. / M	orner /	If U. S. Veteran,	specify WAR		
(a) Residence: No.	(Usual place of abode)	St.,Ward.	if nonresident	give city or town a	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX A. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH	Z (Month)	(Day)	, 193
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	Induland pres	22. I HEREBY	CERTIF	Y That I attend	ed deceased fro
3. DATE OF BIRTH (month, day, and year)	p.12.1880	I last saw h alive on _ 7.	4	, 103	; death Is sa
AGE Years Months	Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:			Date of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	Cerebral &	unto	ell	44
work was done, as SILK MILL,	n his farm	Hadden	0		9/1/2
10. Date deceased last worked at this occupation (month and the search of the search o	11. Total time (years) spent in this cuture	4			
12. BIRTHPLACE (city or town) Duff	huly	Other Contributory Causes of imp	ortance:		
13. NAME TISSUES WIL	liah Jones				
14. BIRTHPLANE (city or town) Du (State or country) Calver	t co. Ind	Name of operation What test confirmed diegnosis?			
15. MAIDEN NAME Susan Pri	scilla Chaney	23. If death was due to external ca	uses (VIOLENCE) f	ifi in aiso the follow	ving:
16. BIRTHPLACE (city or town)	rkick,	Accident, suicide, or homicide?		Date of injury	, 19
Succession Summer H	Some ma	Where did injury occur? Specify whether injury occurred i	(Specify city o	r town, county and	State) PLACE.
17. INFORMANT WWW. GO	met				
18. BURIAL, CREMATION, AR REMOVAL	Date Feb. 8 ,19 3"	Menner of injury			
19. UNDERTAKER Wm. H. Hall (Address) Mh Halm	chins of Jons	24. Was disease or injury in any v			
20, FILED 2/6, 1937	A. Claytos Registrar.	(Signed)	- WW	uld	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 8 1037	July 5,1927	Peritonitis	3 days ago	
1 V. 5	•			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

FORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

pe

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WI

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

OCCUPA-

of

Exact statement

	1. PLACE OF DEATH	(3)
	County anne arundel	Registration Dist. No.
	Village or City Jacobsville (IF	No. Pasadena P. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?yrsmosds.
V	2. FULL NAME Effe & Subb	If U. S. Veteran, specify WAR
	(a) Residence: No. M. own Vigital (Vaual place of abode)	St., Ward.  If nonresident give city or town and State
L	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
15	5a. If merried, widowed, or givorced HUSBAND of (or) WIFE of Amen Auble	22. I HEREBY CERTIFY, That I attended deceased from
-	(or) WIFE of James Just	February I6 ,19 37, to - 19
	6. DATE OF BIRTH (month, day, and year) march 14 18 74	I last saw h.er alive on February I6 , 19 37; death is seid
1	7. AGE Years Months Deys If LESS than	to heve occurred on the date steted ebove, atm.
-	62 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
2	8. Trade, profession, or particular kind of work done, as SPINNER foreservors at SAWYER, BOOKKEEPER, etc.	Chronic muscarditis indef.
F	9. Industry or business in which work was done, es SILK MILL,	Chronic arenolymatous nephr tis
1	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	
100	10. Oate deceesed last worked at this occupation (month and spent in this occupation occupation	
	of ot p2,	Other Contributory Causes of Importance:
1	12. BIRTHPLACE (city or town) Commonated Co Mg (State or country)	16:450-0-224-20-4-1-2-5-5
0	13. NAME I SAAC Price	
12	13. NAME I SAAC FRICE  14. BIRTHPLACE (city or town)	Name of operation Date of
-	(State or country) An O	What test confirmed diagnosis? Was there an autopsy?
0 11	15. MAIOEN NAME Am Steven  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
T	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
3	E   (Stete or country)	Where did injury occur?
1	17. INFORMAN 19 4 games July (Address) Jacob Strate In of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury .
	Place / a gulling Church Greate Febr 19, 193/	Nature of Injury
1	19. UNDERTAKER Whn & Denny	24. Was disease or injury in any way related to occupation of deceased?
	(Address) 15 Light St	If so, specify
	20. FILEO 26-16 1937 7.a. Blei	a (Signed) A. C. C. C. C. M. D.
	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1931			
I MAR 4			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
\\\\			

V. S. No. 1

	UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	f in	d s	CO	
	m o	nou	00	
	ite	S	Jo	
	very	ANS	ent	
	ě.	ICI	aten	
	JRD	HXS	st	
	5	E E	xact	
	I	Y.	国	
	EN	TL	ied.	
	IAN	AC	issi	
	ERM	K	cla	4
	PI	L ba	erly	reat
	S	tate	rop	artif
	IS	s e	be p	of Ju
	TH.	ld l	ay l	olt o
	K	hou	t m	ha
	Z	E	at i	a o
	ING	AG	o th	tion
	AD	ed.	SO,	PILL
	NF	ppli	erm	ine
•	7	su	in t	000
1	N	ulfy	pla	+
	Z, V	aref	H in	rtan
	ME	oe c	AT	Dun
ı	K	ld l	DE	Ti A.
	PI	hon	OF	YOU
	THE	on s	SE	N is vary important Sao instructions on back of cortificate

	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH 1320	
1	. PLACE OF DEAT	rH			(1075)	
	County Anne	Arundel			Registration Dist. No. 21	
	Village or CityE	astport			No. 117 Adams St. St., Ward	t
1	Langth of residence in ci	ty or town where d	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and number)	<b>5.</b>
1:	. FULL NAME W	illiam	Richard	Kane	Thinking a a second	
1	(a) Residence: No	117 Ada	ms St. (Usual place o	f abode)	St., Ward.  St., Ward.  If nonresident give city or town and State	-
	PERSONAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE	5. SINGLE, MARR OR DIVORCED	1ED, WIDOWED, (write tha word)	21. DATE OF DEATH  20  (Month)  (Day)  (Vear)	-
5a.	If marriad, widowad, or divo HUSBAND of (or) WIFE of Non			6	22. THEREBY CERTIFY That I attended deceased from	-
e	DATE OF BIRTH (month, day	and year) N	ovember	4. 1936	I last saw here alive on 2 et 19 1937; death is sai	d
	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 12.30 Pm.	
	A 4711	3	15	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
NOI	8. Trade, profassion, or pa kind of work dona, SAWYER, BOOKKEE	articular as SPINNER, PER, atc	None		Belatural Bronabul Fill	1
PAT	9. Industry or businass in work was dona, as S SAW MILL, BANK, o	which	one		Polema 177	ζ.
OCCUPATION	SAW MILL, BANK, of 10. Data dacaasad last wor this occupation (mo yaar)	kad at	11. Total tir	ne (yaars) tin this	The basscho freumonia was frimary	
12	BIRTHPLACE (city or town) (Stata or country)	Anneno	lis		Othar Contributory Causes of importance:	_
EB	13. NAME John J	. Kane				-
FATHER	14. BIRTHPLACE (city or to	wn) New	Jersey		Nama of operation	-
20	15. MAIDEN NAME M	arv Cat	herine I	Kembell	23, If daath was due to external causes (VIOLENCE) fill in also the following;	_
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	A+70	nta		Accident, suicide, or homicide?	
17		J. Kan			(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR F	REMOVAL lis, Md	Date Feb.	22 ,1937	Mannar of injury	
19	UNDERTAKER John (Addiss) Ann	M. Tay	lor Md.		24. Was disaasa or injury In any way related to occupation of decaasad? 29	
20	FILED FULL.	19.3.	Mun	Registrar.	(Signad) Lage ( Jasel M.  (Addrass) Lungo Company	D.
		If more	blanks are needed, ac	ldres State Registrar,	, 2411 N. Charles Street, Baltimore, Requestiffe U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	8 1 1 8
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CALLY:			
Other contributory causes of importance:	F15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	should state	of OCCUPA-	1
•	-WRITE PLA LY, WIT UNFADING INK-THIS IS A PERMANENT ( SAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
SINDING	ERMANENT	EXACTLY.	classified. E	e.
ED FOR I	HIS IS A P	be stated	be properly	of certificat
KENERVI	NG INK-T	AGE should	that it may	ions on back
MARGIN RESERVED FOR BINDING	UNFADI	supplied.	lain terms, so	See instruct
	A LY, WI	ld be careful	DEATH in p	TION is very important. See instructions on back of certificate.
1	-WRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1321
1. PLACE OF DEATH	108
A A A A A A A A A A A A A A A A A A A	Registration Dist No.
Village or City Armapalus	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town where death occurred	
2. FULL NAME & fullshy Leng	If U. S. Veteran, specify WAR
(a) Residence: No Amaphonick	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colored massico	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. VHEREBY CERTIFY, That Lettended deceased from
on the content	Feb. 15, 19.37 10 Feb. 17, 19.37
6. DATE OF BIRTH (month, day, and year) That 23 18 78	I last saw h 2 aliva on Feb. 17, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	myacardeal smuffune 2/15/3
9 Industry or business in which	ff J
work was done, as SILK MILL, SAW MILL, BANK, etc	
- I spont in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Tobar Freumama 715/3
E	Mana e
(State or country)	What test confirmed diagnosis? Custof Was there an au opsy? Me
I 15. MAIDEN NAME SABAR SELA	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Calvest Co	Where did injury occur?
17. INFORMANT John Ment	(Specify city or town, county and State) Specify whether Injury occurred in industry, in HOME, or in PUBLIC PLACE.
(Address) Amalertis neck	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Piace Drappelie Mt Date 195-1. 193-7	Natura of injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Apple this	If so, specify TWILLIAM Washington
20. FILED Registrar.	(Signed) M.D. (Address) M.D.
1 1 1 1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A PARAL Y				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
-------------------------	------------------	----	-----------

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1027			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PL

	, as		
nfor-	state	IPA.	
of i	pli	CCL	
tem	shor	0 J	
ry i	SZ	nt o	
Eve	CIA	eme	
RD.	YSI	stat	
22	PH	cact	
T	i.	E	
EN	TI	fied.	
MAD	AC	assi	
ER	EX	y cl	te.
AI	ted	per	tifica
SIS	sta	pro	cer
HIS	l be	be '	JO 3
	pluoi	ma	back
Z	E sl	at it	no s
ING	AG	o the	tions
AD	ed.	s, S	truc
UNE	ilqqu	tern	ins
	S	lain	Sec
W	nje	in p	ant.
LY,	car	TH	port
Š	d be	DEA	mi 4
PI	houl	OF	ver
ITE	s uo	SE	Z is
-WRITE PL ALY, WEN UNFADING INK-THIS IS A PERMANENTY & RD. Every item of infor-	mation should be careful supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1323
1. PLACE OF DEATH	
county arya arundel 60	Registration Dist. No.2 I
Village or City Lake Shore	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
// Patricia Anna	1. X E classe Mr. Lass to A
2. FULL NAME GRANGE JONE	and owner the straight
(a) Residence: No. Lass (Jouel place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Tobruary and 193.7  (Month) (Day) (Yaer)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended dacesed from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) HIV-2 1937	I last saw h alive on 19; deeth is seid
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5.2
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Stillbirth Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
this occupetion (month and spent in this year)	
Pake 11 al	Othar Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
The state of the s	
E MA A	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate
E 15. MAIOEN NAME & drug. On. Polar	What test confirmed diagnosis? Was there an au'opsy?  23. If daath wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME & dru, M. Roday 16. BIRTHPLACE (city or town).  (Stete or country).	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT & aller Lamps (Address) Table I has I have let by	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 6 lac /814 Oate /10/- 3,193 7	Neture of injury
19. UNDERTAKER A. HOULE & MIND.  (Address) / 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	24. Was disease or injury in any way related to occupation of deceasad?
20. FILEO 2-2, 1937 Z. A. Breit	(Signed) Janaterra, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county anell mudel	Registration Dist. No. 22
Village or City Jerch	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	
2. FULL NAME Still Buth	lf U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Mard. M. Thonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Val 15-37	Jef 15, 19 3 30 Feb 15, 19 3
6. DATE OF BIRTH (month, day, and day) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Atersial
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.	10 / ()
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	( ( / 2 / 2 )
year) occupation occupation	Other Cantributary Causes of importence:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or 1 was ) Workeleys had	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MATTEN E Scheaff	23. If death was due to externat causes (VIOLENCE) fill in also the following:
15. MATTENATIVE FOR CALL 15. MATTENATIVE FOR C	Accident, suicide, or homicide?, 19, 19
Well to	Where did Injury occur? (Specify sity or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mull Stup (1000) Date 100 (100), 19.2	Nature of Injury
19. UNDERTAKER romps W Jacob Celon	24. Wes disease or injury in eny way related to accupation (deceased?
(Address) Slew/Burne, md	(Signed) (Signed)
20, FILED DAY 20, 193/ Sels do CarRegistrar.	(Signature of the Control of the Con

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing Collins

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Y Lact V.	10.		
Other contributory causes of importance:	======	Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

	of infe	
(22)	of	
0	item of	of 0
	Every	ment

BINDING

RESERVED

MARGIN

A.

1. PLACE OF DEAT

PERMANEN certificate. may should supplied. DEATH be pinous OF

back instructions very important. FION is

County\_ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. \_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Drink the word) 3\_SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced HUSBANO of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 1 day, ..... hrs. or ..... min. 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Oate deceased last worked et this occupation (month and occupetion \_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (cit or town) (State or country) MOTHER 15. MAIOFN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) HEREBY CERTIFY, Thet I attended deceased from to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of importence Oata ot onset Other Coutributory Causes of Importance: Name of operation ... What test confirmed diagnosis?.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

ACAU Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurious. Examples:

Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UPA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH	
000	County a a	Registration Dist. No.	
5	Village or City annapolis m	No many ener Hospital St.	Ward
		death occurred in Forpital or institution, give its NAME instead of street and numb	er)
1	2. FULL NAME Thomas P M	erlin A	
	0	WITHIN CORPORATE LIMITS	Ok
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	e
Ì	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word)	21. DATE OF DEATH (Month) (Day)	3 /
	5a. If married, widowed, or divorced HUSBAND of		/
	(or) WIFE of Messerie Maslein	22. I HEREBY CERTIFY that attended dece	ased from
	6. DATE OF BIRTH (month, day, and year) 20- 1859	Hast saw h. Lee. alive on File (4, 1937; de	eath is sai
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:304m.	
	77 / 25   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onse
	8. Trade, prolession, or particular kind of work done, as SPINNER,	An an A. A.	fp-
	SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at AVA 1 11. Total time (years), 535	Is much freminea	45/
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		044
	O this occupation (month and spant in this		
	year) occupation	Other-Contributory Causes of importance:	11 5
	12. BIRTHPLACE (city or town) / Card Golden	Jemete !	430
		- Nefertebseau	930
	7	The state of the s	
l	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?	57/
	15. MAIDEN NAME CLUSTONOVI	23. If death was due to external causes (VIOLENCE) fill in also the following:	sy!-44
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	State or country) Wellsever	Where did injury occur?	
	17. INFORMANT Pay mont marline (Address) amoules and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR RIMOVAL (1) 20 // 35	Manner of injury	
	Place Date / Co., 19	Nature of injury	
	19. UNDERTAKER B T Hopping	24. Was disease or injury in any way related to occupation of deceased?	N
	(Address)	If so, specify	
	20. FILED 1 9 37 All 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Ward Wallston	M. I
ļ	If more blanks are needed address Reduced	(Address)	£

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
War 1 2	2)		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	DV	DUVETCIAN	T
ADDITIONAL	STAUL	LOW	LOKIUEK	DIALEMENID	BI	PHISIUIAI	N

1. PLACE OF DEATH				— wet5	MIN CORPORATE	LIMITS OF	
County Anne Arund	lel		(37)			on Dist. No. 2	
	napolis,	Maryland (II unknown mos	I death occurred in a	hospital o	HOS PITAL r institution, give its NA	St.,	number)
2. FULL NAME MC CART (a) Residence: No. 1206	44	-act	If I	U.S.Ve _Ward.	teran, specify WAK		)-WAR
PERSONAL AND STATIST	ICAL PART	CULARS	М	EDIC	AL CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE O	F DEA		19	, 193 7 (Yeer)
5e. If merried, widowed, or divorced HUSBAND ol (or) WIFE of					EBY CERTI	FY, That i attended	I deceesed from
6. DATE OF BIRTH (month, day, and yeer) F ( 7. AGE Years Months  20 11	28 Deys 21	1856 II LESS than 1 dey hrs. or Whin.	I lest saw h_1m	on the de	on Feb 19 te steted above, et 11 F DEATH and releled ce	.:50 <sub>m</sub> am	
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc	11. Total t	N'S MATE ime (yeers) nt in this upelion 35	(2) Br	onol	enza nopneumoni	2-	2-9-37 14-37
12. BIRTHPLACE (city or town) IRES	AND			abe	tes mellit Losclerosi		
14. BIRTHPLACE (city or town) unknown (State or country)	wn		Neme of operatio	n X	Laborat	Dete of Was there an	eutopsy?NQ
15. MAIDEN NAME UNKNOT			23. if deeth was du Accident, suicide,	e to extended, or homic	Indi Causes (VIOLENCE) Ide? XXXX	mi in also the followin	g: , 19
17. INFORMANT DANIEL HUNT (Address) Na val Hosp i to 18. BURIAL, CREMATION OF REMOVAL Piece Na val Academy	W-716 TT	polis,Md	Menner of Injury	3	(Specily city urred in INDUSTRY, in INDUSTRY		LACE.
19. UNDERTAKER B.L. HOPPI (Address) Annapoli 20. FILED 2. 12., 19.37	NG S	mph- legistrar.	if so, specify (Signed)	RA	eny way related to occ EW HOUSER- NAVAL HOS	LT(-MG-) US	N M. D.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ż

<	LY, WIT UNFADING INK-THIS IS A PERMANENT ! Exery item of infor-	e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
	XD. Every	IXSICIAN	statement	
	TI	Y. PH	Exact	
BINDING	ERMANEN	EXACTL	y classified.	40
FOR	IS A P	stated	properl	cortifica
ED	HIS	pe	pe	30
MAKGIN KESEKVED FOR BINDING	NG INK-T	AGE should	that it may	mortant Cas instructions on hack of certificate
MAKGIN	UNFAD	supplied.	ain terms, se	Con inchain
	Y, WI	carefull	(H in pla	- tropac
-	*	e	4	2

(Address)

20. FILED \_\_\_\_\_

		Anne Ar Crownsv	undel ille, Ma	aryland	Registration Dist. No.  No. St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U. S. If of foraign birth?  yrs. m	
V		ME William			If U. S. Veteran, specify WAR	
		e: No. Bal	(Usual pl	ace of abode)	OWS Trestaward If nonresident give city or town and	State
-	PERSON	AL AND STATE	STICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	ale	4. COLOR OR RACE Black		ARRIED, WIDOWED,	21. DATE OF DEATH February 7 (Month) (Day)	., 193 <sup>7</sup> (Yaar)
HU	narried, widowa USBAND of r) XXXXX	d, or divorced Aldase Mc	Cullough	n	Jan. 6 Legent Legent 1 St. Teb. 7	decaasad from
7. AGE NO. 8.	Yaars 3 Trada, profess kind of we		Labore	If LESS then 1 day,hrs. ormln.	I last saw h.im aliva on Feb. 7	7; death Is said
10.	Date deceased	d last worked at ation (month and		al time (years) spent In this occupation	Other Contributary Causes of Importance:	
	THPLACE (city (State or count		h Carol	i na	Lues	?
14.		Andy McCu (city or town) No		olina	Name of operation Data of Whet test confirmed diagnosis? Was thara an i	autopsy?
H_OW 16.	(Stete or	(city or town)		arolina	23. If death was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State Description of the county and State	g: , 19?_
	RIAL, EREMATI	OSPITAL R Crownsvi	ecords lle, Mai	ryland  2 (3)	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PL  Mannar of injury	ACE.
FO HAT	DEDTAKED V	201.1.00.	-comes	- 1-	24. Was disease or injury in any way related to occupation of daceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

If so, spacify

(Address) Crownsy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

MAR 1 1937

V. S. No. 1

X	UNFADING INK-THIS IS A PERMANENT CORD. Every item of inforsupplied. AGE should be stated EXACTLY. PHYSICIANS should state in terms, so that it may be properly classified. Exact statement of OCCUPA-See instructions on back of certificate.	1
•	CORD. Every PHYSICIANS act statement	2
NDING	XACTLY.	3. S
FOR BI	is IS A PEl e stated E properly f certificate.	6. I
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PER supplied. AGE should be stated E in terms, so that it may be properly See instructions on back of certificate.	FATHER 50 OCCUPATION
Z	DING L. A. So the	12.
MARG	UNFA supplied in terms, See instru	FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1323
1. PLACE OF DEATH	7 3
County Aline Chrindel	Registration Dist. No.
Village or City of author Com 1773.	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louis Charles mey	If U. S. Veteran, specify WAR
(a) Residence: No. Mople Rd.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State ,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Williams	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Meyer.	1 HEREBY CERTIFY, That I attended deceased from 1936, to 24-23-1997
6. DATE OF BIRTH (month, day, end year) July 23_ 1850	Mast saw hair elive on 911. 23- ,1937; death is said
7. AGE Yeers Months Deys If LESS then 1 dey,hrs.	to have occurred on the date stated above, et . A 35 Pm.  The PRINCIPAL CAUSE OF DEATH and related couses of importence were es follows:
8 Trade profession or perticular	Cuteris Deleasing 1925
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Castitie 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month end.)	Thy perternion 1934
O Dete decessed lest worked et this occupation (month end 1913 spent in this year)	
12. BIRTHPLACE (city or town) Brunawick	Other Contributory Causes of Importance:
(State or country)  Grande	
13. NAME Chair. Lewis met	
13. NAME Chas. Kewis Muse  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? China West there an eutopsy?
15. MAIOEN NAME Elizabeth ?	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Elizabeth  16. BIRTHPLACE (city or town) Germany  (State or country)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Mrs. Sural Whitten ton (Address) Linear and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Landon Park Datef 4 2 , 193/	Neture ot injury
19. UNDERTAKEN Harry N. Zvitz/Ce (Address) 440/ Removed	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 24 137, Coursell Novorus	(Signed) Chas. L. Ball (4 M. [ (Address) Linelicant, saf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance	
Gastroenteritis	1 year
	Other contributory causes of importance:  Gastroenteritis

-WRITE PLAINLY, W I UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
IS IS A PERMANENT	e stated EXACTLY.	e properly classified. E	f certificate.
UNFADING INK-THI	supplied. AGE should b	in terms, so that it may b	See instructions on back o
-WRITE PLAINLY, W	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

B.-WRITE

V. S. No. 1

	OF MARY	YLAND-	CERTIFICATE OF DEATH 13	30	
1. PLACE OF DEATH			(131)		
County Anne Arundel					
Village or City Annapolis		(If	No. 36 Southge te Ave . St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward	
			ds. How long in U.S. if of foreign birth?yrsmo	isds.	
2. FULL NAME George			If U.S. Veteran specify WAR	0 w 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(a) Residence: No. 36 Sou	Usual place	aV C . of abode)	St., Ward. WITHIN CORPORATE LINE  If nonresident give city or town and	State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marri	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  (Month)  (Pay)	, 193	
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Sophie T	. Munfor	rd	22. I HEREBY CERTIFY That I attended of the state of the	deceased from	
6. DATE OF BIRTH (month, day, and year) Ma	rch 29.	1880	1/1	; death is said	
7. AGE Years Months 5.6 10	Days 6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _2 .35 _m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) MISSIS	11. Total ti Spar	me (years)	Other Contributory Causes of importance:	1 70	
(State or country)			Pa hibarilis	7.660	
# 13. NAME William Mun				1 7	
14. BIRTHPLACE (city or town) Unkn (State or country) Virg	inia		Name of operation Oate of What test confirmed diagnosis? Physical Was there an a	autopsy? 25	
15. MAIDEN NAME Mary Fra		1	23. If death was due to external causes (VIOL ENCE) fill In also the following	:	
15. MAIDEN NAME Mary Fra 16. BIRTHPLACE (city or town) Ala (State or country)	bama		Accident, sulcide, or homicide? Date of Injury Where did Injury occur?		
17. INFORMANT Mrs. W. P. (Address) Washington	Npshur D. C.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md	• Date Feb	6, 1936	Manner of injury		
19. UNDERTAKER John M. Ta (Address) Annapolis.		Λ	24. Was disease or injury in any way related to occupation of deceased?	M D	
20. FILED 2 4 , 1937	blanks are needed, a	Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1937	July 5,1927	Peritonitis	3 days ago
BURGAU V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

Exact statement of

properly classified.

CAUSE OF DEATH in plain terms, so that it may

1	PLACE O					(34)
		Anne	Arunde	<u> </u>	1 B	Registration Dist. No.
	Village or C	ity C	rownsv	IIIe St	ate Hospi	ta No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of res	dence in city	or town where d	leath occurred	yrs <del></del> mos	How long In U.S. if of foreign birth?yrsmos
2	. FULL NA	ME	Mack Ne	elson		If U. S. Veteran, specify WAR.
	(a) Residen	ice: No	Iglehai	ct, Ann	e Arundel	County, wharyland If nonresident give city or town and State
p. William	PERSON	IAL AND	STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	male	4. color bla	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) Tried	21. DATE OF DEATH February 16th (Month) (Day) (Year)
5a.	HUSBAND of		lie Bro	own		22. I HEREBY CERTIFY, Thet I attended decessed from Dec. 29th 19 36 to February 16 19 37
6. E	ATE OF BIRTH	(month, day.	end year) 19	900		1 lest saw h. im elive on Feb. 16th
7. A	AGE Yes		Months Unkr	Deys DOWN	If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete steted above, at
NO	8. Trede, profe kind of y SAWYER	ssion, or per work done, a	ticuler s SPINNER, FR etc	Labor	er	Cardiac failure on luetic basis
OCCUPATION	9. Industry or work wa SAW Mil	business In s done, es SI	which LK MILL,			
000	10. Deta decees this occu	ed last work petion (mont	ed at	11. Total	Ilme (years) nt in this	
12.	BIRTHPLACE (cl	ty or town)				Other Contributory Causes of Importence: Lues
ER	13. NAME		mes Nel	Lson		
FATH		(city or tow	n)	Unk	nown	Neme of operation Date of Whet test confirmed diagnosis? Westhere an autopsy?
ER	15. MAIDEN NA	ME	Lola Di	letz		23, If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
MOTHER		(city or tow	n)	Mar	yland	Accident, sulcide, or homicide?
17.	INFORMANT			Record		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMA	WIN OR RE	MUVAL	Dete 2/	. /	Menner of Injury
19.	UNDERTAKER :	13.J.	Lust.	annapo	lis mt.	24. Was disease or injury in any wey related to occupe tion of deceased.
20.	FILED. 2	2019	207	OMIN	Registra.	(Signed) (Si

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WAT 4 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation S

M

NOLL

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
es. 10 ° ° °	1915	Attack of epilepsy	1 week ago
itis .	1/1921	Run over by street ear	1 week ago
1	July 5,1927	Peritonitis	3 days ago
MAR 6 1937	1		
ises of importance: V. B		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	May 1,1923	Gastroenteritis	1 year
	death and related causes follows:	death and related causes follows:  1915 1921 July 5,1927  1931	death and related causes follows:  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

Ë

mation should be carefully -WRITE PLAINLY, W.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	CERTIFIC	ATE	OF	DEA	TH
--------------------------------------	-------	----	-------	------	----------	-----	----	-----	----

1	3	2	d	?
1	U	U	1	)

1. PLACE OF DEATH	81.0
County Anna arundel	Registration Dist. No. 26
Village or City Churchton	No. St. Ward
. 71	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs/m	os,ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Dinjamen Offer	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB, RACE OR DIVORCED, (vivite the word)  M.	21. DATE OF DEATH  Month  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capa Offer  6. DATE OF BIRTH (month, def, and year) Help. 28, 1865  7. AGE Years Months Days If LESS than	22. A I HEREBY CERTIFY. That I attended deceased from 1937. I last saw h alive on 200 grows 1937. i death is said
1 day,hr	to have occurred on the date steted above, at
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (mark) and Gallace and the Special Control of the Control of the Special Control	
10. Date deceased last worked at this occupation (month and 7 th: 36 spent in this 58 occupation (caupation).  12. BIRTHPLACE (city or town). Churchty A.A.C. (State or country)	Other Contributory Causes of importance:
13. NAME Thomas Oller.	
13. NAME Momas Office (State or country)  14. BIRTHPLACE (city or town) Chuffiglia, aac Co	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Franch Jains.  16. BIRTHPLACE (city or town), Baltimore (State or country)  17. INFORMANT SUPPLY Office (Address)	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Franklin Leum Date Frist - 17, 193	Manner of injury
19. UNDERTAKER I- W. A systisty of And (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 16, 1937 J. 13. Went.  Registrar.	(Signed) (Address) (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 148 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenternis	1 year

PHYSICIANS should state Every item of inforstated EXACTLY. PHYSICIAMS A PERMANENT FOR BINDING See instructions on back of certificate. THIS. MARGIN RESERVED should be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may INK TION is very important. WRITE PLA

(Address)

OCCUPA-

1	County	F DEATH Anne Aru	nde.	1		CERTIFICATE OF DEATH  Registration Dist. No.	-/		
2	Village Or (  Length of res	idence in cily or town to	where dea		yrsmos	i taid. St., feath occurred in a horpital or institution, give its NAME instead of street and stree	number)		
	(a) Resider	nce: No. 213	5. <b>9</b> 01	th Dui		Baltimo Wed, Maryland	l State		
	PERSON	NAL AND STAT	ristic	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Markied, Widowd ex diversed S. Single, Markied, Widowed. OR Divorced (write the word)  St. Markied widowd ex diversed.  S. Single, Markied, Widowd ex diversed. S. Single, Widowd ex dive					D (write the word)	21. DATE OF DEATH February 24th (Month) (Day) (Yaa			
5a.	5a. If married, widowad, or divorced HUSBAND of ACT WELD MARY Roles					22. I HEREBY CERTIFY. Thet lattended January 25th 19 37, to Feb. 24			
6. DATE OF BIRTH (month, day, end yeer) 1917						Hast saw h im alive on Feb. 24th 1937; death is sa			
7.	7. AGE Yaars Months Days If LESS than 1 day,hrs.		to have occurred on the data stated abova, at _7.2.20 Pm M  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset					
NOI	8. Trade, profe kind of SAWYER	ssion, or particular work dona, as SPINNE , BOOKKEEPER, etc	R,	Labo	rer	Cerebral spinal syphilis			
OCCUPATION	work wa	business in which is done, as SILK MILL, LL, BANK, etc							
000	10. Date deceased last worked at this occupation (month and year)  year)  11. Total tima (years) spent in this occupation				tima (years) ent in this ——— cupation		-		
12.	BIRTHPLACE (c (State or cou	ity or town)	ryla	and		Other Cambributery Causes of Importance:			
ER	13. NAME	Charle	s Ro	oles			-		
14. BIRTHPLACE (city or town) Maryland (State or country)						Name of operation Dete of What test confirmed diagnosis? Was there an autop			
ER	15. MAIDEN NA	Me Ma	ry S	Seigel		23. If daath was due to external causes (VIOLENCE) fill in also the followin			
MOTHER		E (city or town)	Ma	arylan	đ	Accident, suicida, or homicida?	•		
17.	. INFDRMANT (Addrass)	Hospit			s aryland	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.		
1		TION, OR REMOVAL		Date 3/	2/32,19	Mannar of Injury			
	1	1.	. ,	. 7/	11				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

e

Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS
---

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
Die Name Lat	15120
County and County	Registration Dist. No.
Village or City Occuracy Beach	No. 7 Ward St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign blrth?yrsmosds
2. FULL NAME BURY Sphul	<b>C</b> 4
(a) Residence: No. Prohand Beach	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
tellale while in ale	(Month) (Oay) (Ygar)
5a. If married, widowed, or divorced HUSBANO of	22. / I HEREBY CERTIFY, That attended deceased fro
(or) WIFE of	- Feb. 16 1937 to Feb. 16 1937
6. DATE OF BIRTH (month, day, and year) Feb. 16. 19.37	I last saw h.E.R. alive on Teb 16 1937: death is sai
7. AGE Years Months Days If LESS that	- Out A
I day,min,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
0.7.1.	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	-400
9. Industry of Dusinass in which	Congenical Defamily consist
10. Data deceased last worked at this occupation (month and spent in the	ing of partial anence phalus. And
this occupation (month and spent in this occupation spent in this	- stricture of unabilities coals Rever
Orchard Baral	Other Contributory Causes of importance;
(State or country)	1 G P
13. NAME SALA (1) SCALALTA	y agustien
The At	7/200
(State or country)	Name of operation What test confirmed diagnosis? Claused Was there an autopsy? M
5 15. MAIDEN NAME THAT THEY	
15. MAIDEN NAME Julia F. Fey 16. BIRTHPLACE (city or town) Balto	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) DOCCO. (State or country)	Where did injury occur?
John W. Schulte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT CAN W. Schart Beach	Speed, mount injury countries in the botter, in home, of the botter peace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tooly Jan Oate Mel 7, 193	
19. UNDERTAKER M. OK ennel & 10	2. 3. Was disease or injury in any way related to occupation of deceased? Zco
(Address) 1400 02 Shake 1	If so, specify
20. FILED 2-18 1937 Z. a. Biles	(Signed) 15 5 Complete
Registrar	(Address) GCF Houmer St trolto. M.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully WRITE PLA

should state OCCUPA-

Exact statement of PHYSICIANS

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

AGE should be

supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis , 1927	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
N. B. M. S. M.				
Other contributory causes of importance:		Other contributory causes of importance:	MAN IN	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	infor-	state	UPA-	
X	Jo w	pino	220	
-	ite	S	Jo	
	Every	CIANS	ement	
	e.	YSI	stat	
-	II O	r. PH	Exact	
R BINDING	A PERMANENT I	XACTL	perly classified. Exact statement of OCCUPA-	
BII	PER	E	ly c	ite.
R	AI	ted	per	ificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	9	9	100
	J		

1.	PLACE OF	Anne Arund	el		<b></b>		1006
	County	Cnowngri					//
1	Village or C	ity			No.  death occurred in a hospital or institution,  death occurred in a hospital or institution,  ds. How long in U. S. if of fo		
1	FULL NA						
2.	V		more Ci	Acres .	If U. S. Veteran, spe		
Name and Address of the Parket	(a) Residen	ce: No. Balt1	(Usual place	W	St., Ward.	If nonresident give city or town	and State
	PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CER	TIFICATE OF DEAT	Н
3. 5	Male	4. COLOR OR RACE Black		RRIED, WIDOWED, D (write the word)		Feb. 5	, f93.7 (Year)
5a. i	if merried, widow HUSBAND of	ed, or divorced					
	(or) WIFE of	?				SERTIFY, That i atten 37 to Feb. 5	
6. D	ATE OF BIRTH	(month, day, end yeer) un	ck. 1	1877	liast saw h im alive on Fe	b.5 ,19	.37; deeth is seld
7. A	GE Yee	rs Months	Deys	If LESS than	to heve occurred on the dete steted at	bove, at 11:45 m.	
6	60	-	-	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH e	The state of the s	Date of enset
z	& Trade, profes	ssion, or perticuler	Labore	20	Acute	cardiac	Date of onest
10		vork done, as SPINNER, BOOKKEEPER, etc	Lauore	T.	dilatation		
OCCUPATION	9. Industry or work wes	business In which s done, es SILK MILL, .L, BANK, etc				·····	
ខ្ល		.L, BANK, etc ed last worked et	ff. Total	time (years)		*******************	
0	this occu	petion (month and —	spa	entin this -			
		Cumbe	rland		Other Contributory Causes of importer	nce:	
12.	BIRTHPLACE (cit (Stete or cour	ty of town/	Tana		General arter	iogolomogia	
2		ryant Scott			General arter	TOPCTETORIA	
FATHER		Man	yland		Name of operation		
FA	f 4. BIRTHPLACE (Stete or	(city of town)	<u> </u>				
2	15. MAIDEN NA	Tono	Jenny		What test confirmed diagnosis?		
MOTHER					23. If deeth wes due to externel causes  Accident, suicide, or homicide?		
MO	f6. BIRTHPLACE (Stete or	(city or town) Mar	yland		Where did injury occur?	Deta of injury	, 19
	NEORMANT	Woonitel D	ecords	and	Specify whether injury occurred in iN		State) PLACE.
f8.		Jan an armove	Dete	//- 197	Manner of injury		
f9.	UNDERTAKER (Address)	D. R. W.	uter 8.	de Oufot	Neture of injury		1
2D.	FILED TUT	193.7	-1. Po	Registrar.	(Signed) (Address) Crown:	sville, Maryl	and M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	000 mag	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

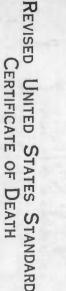
S. No.

7

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Q'Q'	CERTIFICATE OF DEATH
• • • • • • • • • • • • • • • • • • • •	Registration Dist. No.
Village or City Solley (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Resol 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 E6 / 1937  7 (Month) / (Day) (Wear) [737]
## 766 / (Day) , 193) (Month) (Day) . (Year)	that I last saw h alive or 1920, 192,
7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date tated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Prolapse of the lord
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ytsmosds.
9 BIRTHPLACE (State or country) Solly July 10 NAME OF FATHER Slorge Alleigh Jr.	Contributory Secondary  Daratter yrs mos ds.  (Signed) M D M D M D
IN BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  O D D D	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERS ruce hitlen from	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Address) Jilles 21 1	leeder Itil 2/3/3719
15 Filed 2 - 2 1987 Z. U. BEi	Polices I Cours + Sen 118N. Milloyd
If more bianks are needed, address State Registrate	e, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1339



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servout, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Form loborer, without more precise specification as Don (a) the kind of work and also (b) the Loborer-Coal mine, etc. Womnot gainfully em-(6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

witelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic ocid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary American Medical Association.) Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR *			
9, 0	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state (D. Every item of infor-Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be should be carefully WRITE PLA mation

STATE OF MARYLAN	D-CERTIFICATE OF	DEATH
Anne Arundel	83)	egistration Dist. No.

1. PLACE OF D			-	(83)	
County	Anne A:			Registration Dist. No.	1
Village or City_	Crowns	rille St	ate Hosp	itano. st.	Ward
				death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence				ds. How long in U.S. If of foreign birth?yrs	nosds.
2. FULL NAME		t Squirr		If U. S. Veteran, specify WAR	
(a) Residence: I	No. Baltir	nore, Ma		un stulmara out.	
3-22-2		(Usual place		// If nonresident give city or town an	d State
	AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
Male 4.	Black	S. SINGLE, MAR OR DIVORCE	D (write the word) Larried	21. DATE OF DEATH February 4, (Month) (Day)	., 193
5a. If married, widowad, o	r divorced	,		(Molkin) (Day)	(leal)
HUSBAND of (or) WIFE of	.10	known	,	22. I HEREBY CERTIFY. That I altended	dacaasad from
	,000	1	1006	Jan. 21, 1937, to Feb. 4,	, 19.27
6. DATE OF BIRTH (mon			1898	I last sew h LM alive on Feb. 4, 1937	; death is seld
7. AGE Years	Months	Days	If LESS than	to heve occurred on the dete stated above, at 7 , 55a m.	
39			ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	Date of onset
Trede, profession, kind of work	or perticular	Bookbin	der		
SAWYER, BOO	done, as SPINNER, OKKEEPER, atc	DOOKDIII	461	General Paralysis of the	
9. Industry or busin work was don	e, as SILK MILL, NK, etc			Insane	
kind of work SAWYER, BOO 9. Industry or busin work was don SAW MILL, BI 10. Dete deceased la		11. Total t	ime (years)	Lues	
this occupation		spa	nt in this		
				Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or (State or country)	lown)	ryland			
		irrel			
4 14. BIRTHPLACE (city	y or town)	ryland		Neme of operation Date of_	
	Unkno			Whet test confirmed diegnosis? Was there en	
I 15. MAIDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city)	or town). Mary.	lond		Accident, suicide, or homicida? Date of Injury	
1 13tate of cour	iry) Mary	Lanu		Where did injury occur? (Specify city or town, county and St.	ate)
17. INFORMANT	ospital I	Records		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION,	OR REMOVAL	m 21	// 25	Manner of injury	
Place	prige	Dete		Nature of Injury	
2	1. P. W.	enters	de Auf21		No
19. UNDERTAKER 1/2			7	If so, specify	9
4.1 11	a N	54	2 54	(Signed) CAN / ////E/O	C/ MD
20. FILED TAKE	, 19.5	O H	Registrar.	(Ardress) Crownsville, Maryl	and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICIAN
-------------------------------------	---------	-----------

nation

S. No. 1

LION

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ....

(State or country)

infor-

0000

Jo

should

occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) David E. Strutter FATHER 13. NAME (Stata or country)

this occupation (month and

Unknown) Mary Unknown

Hospital Records 17. INFORMANT (Address) Crownsville

18, BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER (Addrass) 20. FILEO\_\_

24. Was disease or injury in any way related to occupetion of deceased If so, specify

What test confirmed diagnosis? ..... Was there an autopsy? ...

Date of injury \_\_\_\_\_ 19\_\_\_\_

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Name of operation....

Where did injury occur?\_\_\_\_\_

Manner of Injury

Nature of Injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		FEB W	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1342	
1. PLACE OF DEATH	820	
County acue areundel	Registration Dist. No. 25	
Village or City finethicee	No Tree Misoral Rose, Ware	d
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)	
15 000 00		5.
1	Brail Warner WAR	
(a) Residence: No. 2933 Cliffur CWE (Usual place of abode)	If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  That  The product of the color of the colo	21. DATE OF DEATH  July 193 7  (Month) (Day) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Louise Thompson	22. I HEREBY CERTIFY. That I attended deceased from	m
6. DATE OF BERTH (month, day, and year) Sept, 16, 1889	I last saw he alive on Jeh 19 1937; death is sah	int
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at / : / 7 4.	u
47 5 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Date of onest 1-1-30	
kind of work done, as SPINNER, Chetness Coat,	differio seperarial 1934	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this pregnation (month and of the second in this	Cirebral Hemorrhage 2-18-3	7
Date deceased last worked at this occupation (month and Dec. 1834 11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town) Saltinone (State or country)	Other Contributory Causes of importence:	
E B es		-
14. BirTHPLACE (city or town) (State or country)	Name of operation Dete of Was there an autopsy? > Whet test confirmed diagnosis? Clume of Was there an autopsy? > Was the confirmed diagnosis?	1
15. MAIDEN NAME Amanda 7. French	What test confirmed diagnosis?	-
15. MAIDEN NAME Awards J. Junch 16. BIRTHPLACE (city or town) Ballinal (Stete or country)	Accident, suicide, or homicide? Date of injury19	
17. INFORMANT Harry Many son (Bro)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
18. BURIAL CREMATION, OR BEMOVALL	Manner of Injury	-
Place Mund Tudge Dete felez . 20, 19 3	Neture of injury	-
19. UNDERTAKER Stew Cutatetiell Fords	24. Was disease or injury in any way related to occupation of deceased?	-
20. FILED 21 25 , 1977 Salball Von Fruft	(Signed) Chas . L. Ball fr. M. [ (Address) Linehicum. Inf	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				400 75		12

Z 1937

		1											
NLY,	N.	n	NFA	DIN	1 91	NK	T.I	SII	IS A 1	PE	RMANE	LN	0
be care	fully	Ins	polied.	-4	1GE	sh	plno	pe	stated	国	be carefully supplied. AGE should be stated EXACTLY. P.	T.	P.
ATH i	n pla	in t	erms,	80	that	it	may	pe	proper	A	classifie	d.	Exac
- mount	3 + 11	000	See of the see		-		hool	30	Sometifica	40			

mation should CAUSE OF D FION is very

HYSICIANS should state statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

4	0	.0	1)
1	3	4	3

	unty ANNE	ATH E ARUNDEI	_	<u> </u>	107-a Paristation Dist No. 20
		CUMBERST	ONE		Registration Dist. No.  No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
			feath occurred	(Ii mosmos	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FU	LL NAME	RICHARD	TONGUE		If U. S. Veteran, specify WAR
(a)	) Residence: No.		(Usual place		St., Ward.  If nonresident give city or town and State
PE	ERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE		OLORED		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH FEB. 19TH. 2 A.M., 193 7 (Month) (Qey) (Year)
HUSB	ied, widowed, or di BANO of WIFE of	ivorced			22. I HEREBY CERTIFY, That I attended deceased from DID NOT HAVE AHYS IC I AN 19 19
6. DATE O	F BIRTH (month, o	day, and year JAN	UARY 27	TH. 1936	I lest saw h alive on, 19; death is said
7. AGE	Years ONE	Months	0 ays 2 2	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Tr	ade, profession, or kind of work don SAWYER, BOOKK	e, es SPINNER.			PNEUMONIA BRONICEL  BRONCHIAL
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and					Probably primary bronche presumoria.
SAW MILL, BANK, etc				nt in this	Durking & Not Essenois Devis of
12. BIRTH	PLACE (city or tow	n) ANNE AR	RSTONE		Other Contributory Causes of Importance:
-		ONNTONGL			
王	RTHPLACE (city or		ERSTONE		Name of operation
	(State or country)	ANNE AR	UNDEL CO	O. MD.	Whet test confirmed diagnosis? Wes there an autopsy?
15. MA	AIOEN NAME N	MAUDE JOI	HNSON		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MA	RTHPLACE (city or (Stete or country	town) CUMBE ANNE AR	RSTONE UNDEL,C	O. MD.	Accident, suicide, or homicide?
	MANT MAUR	E JOHNSO	N		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	L, CREMATION, OR COWENSV		Oate FEB	20ТН, 3	Manner of injury
	TAKER T. A	. HARDES	A.A. CC		24. Was disease or injury in any wey related to occupation of deceased?
20. FILEO_	2/10	,1937 M	R. Clay	A Registrar.	(Signed) Closed S. Maux Gom. D.  (Address) S. C. L. Tille M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
MAR O		****	
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

S	TATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEA	TH
_					CLIVIII				

1. PLACE OF DEATH	(98-0)
County $\alpha - \alpha -$	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Julia Tyler  (a) Residence: No. 34 Catherdal  (Usual place of abode)	If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH 2 23 ,193 7 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Married	22 I HEREBY CERTIFY. That I ettended deceased from 1937, to 30. 23. 1937
6. DATE OF BIRTH (month, day, end year) Aug 20 871  7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at. Z.A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate ot onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Oata daceasad last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Hypaertensing Cardio renal ?  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Climafrotis (State or country) $\alpha - \alpha - co - md$ 2 13. NAME Paac Whife firm	untral sufficiency 1/7/3;
13. NAME Isaac VInfester  14. BIRTHPLACE (city or town)  (State or country)  11. State of country)	Neme of operation
15. MAIDEN NAME Golding Howard  16. BIRTHPLACE (city or town) annaficus  (State or country) and  17. INFORMANT Mary L. andrews  (Address) 3 4 Caffordial	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Brewwill Cent Oate 2. 26 , 1937	Manner of injury
19. UNDERTAKER & HBParker  (Address) 47 Washing Good 51  20. FILEO 1937 AMMS L	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  Carreere W. Greene M. D.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 1931 A 1931			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	11491,1000		1 year

8. No. 1

	PLACE OF DEATH	
	County G. G.	9
Vil	llage or City New Marley (No. Cours	folis B
	2FULL NAME James 91 V	hroy
	PERSONAL AND STATISTICAL PARTICULARS	ME
38	MARRIED, WIDOWED Suffort  White the word)	16 DATE OF DE
6 1	Sefot, 28, 1936 (Month) (Day) (Year)	that I last saw
7 /	yrs. 4 mos. 4 ds. or min.?	and that death The CAUSE OF
76	Varticular kind of work  b) General nature of industry  business, or establishment in  which employed or (employer)	
	BIRTHPLACE (State or country) (State or country) (State or country)	Contributory Secondary
	10 NAME OF James Volesay	(Signed)
ENTS	OF FATHER (State or country) Adelinor	*State th Violent Cause Accidental, Su
PAR	12 MAIDEN NAME Golfshire yorals	18 LENGTH OF
	13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	At place of deathyrs
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease if not at place of Former or
	(Informant) James Volarage	usual residence
	(Address) enrapolis Berd.	HOLY B
15	Filed Feb 2 197 Ida W Whiteman	20 UNDERTAKE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in .....Ward) a hospital or institu-tion, give its NAME ir-stead of street and number.) DICAL CERTIFICATE OF DEATH ATH (Month) (Day) attended the deceased from on the date stated abo ne Disease Causing es, state (1) Means icidal or Homlcidal. Death, or, in of Injury and and (2) Whether RESIDENCE (For Hospitals, Institutions, Transnt Residents) In the .....mos......ds contracted, death?

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House, Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Woin-(b) Automobile factory. The material For persons who have no occupation Grocery;

MAR

4

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbelic acid—probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was underperitonacum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic Careinoma, chopneumonia (secondary), etc. valvular heart Nomenclature The contributory Sarcoma, etc., of disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

Date of enset

(Day)

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mbre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- IVEDI				
Other contributory causes of importance:  Gallstones  MAR 4	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	1221
County a. a. Co mo	Registration Dist. No.
Village or City lunapolis, prof	No
	sds. How long in U.S. if of foraign birth ysmosds.
2. FULL NAME Celler Wage	Len If U. S. Veteran, specify WARAIN CORPORATE LINITS.
(a) Residence: No. 19 Moves (Usual place of abode)	St., Ward.  If nowesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Par)  (Year)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of Olde. Leaven,	122   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) (0 al. 23-1877	I last saw h eliva on Fig. 22 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 430 m.
60 3 29 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Bruder - Menunger, Feb 5
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date decaased last worked at this occupation (month and	(7.3.7.
f 0. Date decaased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) - Cerman olis	Other Contributory Causes of importance; (1) Moleting (Mellette)
(Stata or country)	1) Lecutary answer Ok. 183
E 13. NAME necholo faculto.	
13. NAME Necholo Jacobs  14. BIRTHPLACE (city or town)	Name of operation More Data of
(Stata of country)	What test confirmed diagnosis? Cleusel Was there an autopsy? K.
15. MAIDEN NAME ) La ne se tra ) La	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, f9
(State or country)	Where did injury occur? (Specify city or town, county and State)
f7. INFORMANT Of the literature (Address) 9 months	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place V Date T 100, fg. 5	Nature of Injury
19. UNDERTAKER Ghao & Hicks Ry	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) anays alige Mad	If so, specify
20. FILED 2 23, 1937 / Whish	(Signed) MILLA M. D.
Revistrar.	(Address) (Allehalla (And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
10AR 4 1981 U			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STAT	EMENT	S BY	PHYSICIAN
					Test.		

# PHYSICIANS should state Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT be properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY, W.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEA	TI
--------------------------------------	-------	----	-------	------	--------	------	----	----	-----	----

1.	PLACE OF DEA	тн			(Elia)				
	County Anna	Arunde	1		Registration Dist. No. 2 I	~~~~~~~			
	Village or City	ahnsont	own		ND. St.,	Ward			
	Length of residence In ci	ity or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?n				
2.	FULL NAMEUR	name <b>d</b> i.	nfant	Wa	tta If U. S. Veteran, specify WAR				
	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town an				
	PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. S	0	R OR RACE		RIED. WIDOWED. O (write the word)	21. DATE OF DEATH February IO (Month) (Day)	., 1937(Year)			
5a, 1	f married, widowed, or divo	orced			22. I HEREBY CERTIFY, That I attended	I donnard from			
	(or) WIFE of								
6. D	ATE OF BIRTH (month, da	v. and year)	February	9, 1937					
7. A		Months	Deys	If LESS than	to have occurred on the date stated above, at 6-2m.				
	-	-	I	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	12.4			
NOI	8. Trede, profession, or p kind of work done, SAWYER, BOOKKEE	as SPINNER.			Fractured skull	Date of onset			
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL							
8	1D. Date deceased last wo this occupation (mo year)	nth and	sper	me (years) nt in this pation					
12.	BIRTHPLACE (city or town) (State or country)	Toh	nsontown	l	Other Centributory Causes of importance:				
ER.	13. NAME Janes	E. Far	ker						
FATHER	14. BtRTHPLACE (city or to (State or country)	own) Ca	lvert Co	unty	Name of operation Dete of What test confirmed diagnosis? Was there an				
ER	15. MAIDEN NAME	aigy Wa	++0	na .	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following				
MOTHER	16. BIRTHPLACE (city or to (State or country)			TF4	Accident, suicide, or homicide? Accident Date of Injury 2 - Where did Injury occur? 2 thome	IO,1937			
17. 1	IN ORINOITY	sy Watt	·		(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ite) LACE.			
18.	BURIAL, CREMATION, OR I	REMOVAL	Date 2-I	1,1937	Manner of injury Probably fall on the f	loor			
19.	UNDERTAKERAAAAA	rews Wale	तिसें, भव.	<i>x</i> ) € .	24. Was disease or Injury In any way related to occupation of deceased?				
20.	FILED 2-10	19.37	7. a.	15 Teis	(Signed) asalem,	les o			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU	الم		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—  1. PLACE OF DEATH  County A. A.	Registration Dist. No. 21
Village or City annapoles on	No.3.7 Production Dist. No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 2. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city of town where death occurred 7 915	
	·
(a) Residence: No. 3 2 (Madellore (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH J. 6 , 193.7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Tear)
(or) WIFE of Hanne I Wiegens	22   1 HEREBY CERTIFY, Jhat attended deceased from
2 4 1000	1936, to Tet. 6, 1937
5. DATE OF BIRTH (month, dey, and year)	Yest saw h  elive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 44 6 .m.
40 0 40 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance wase as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, Proceedings in the SAWYER, BOOKKEEPER, etc  9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dato decessed lest worked at this occupation (month and spent in this occupation (month and spent in this occupation (month and spent in this occupation).	Chroma My ocordes
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc.	4
this comparion (month one spont in this	5
yeer) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Ballemore ON	Ney pertusien 3
(Stete or country)	Mr. nephula 3
14. BIRTHPLACE (CHY or town)	- Counce 107
14. BIRTHPLACE (chr) or town)	Neme of operation
(State of country)	Whet test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME année et clians	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19
(State or country) & 200 2 kom	Where did injury occur?
7. INFORMANT Harry Les Wiggins	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMYTION, OR REMOVAL	Menner of injury
Plege I Mary & Date Hab 1, 19	Nature of injury
9. UNDERTAKER B I H office (Address) Charles (Address)	24. Wes disease or injury in any wey releted to occupation of deceesed? 24. If so, specify
20. FILED Z , 193) Mulph Registrar.	(Signed) Long C Boxe M. I
More blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were.	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis — —		Run over by street car		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
and the state of t	241112221111				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENTITIONATE	DITTUL	T. OTF	T. OTCTIVITIE	DIVITEMENT	DX	LILIBIOIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1351
1. PLACE OF DEATH	23
County Q — Q —	Registration Dist. No.
Village or City Wnord Md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME IT offry Elexander W	Todardif U. S. Veteran, specify WAR
(a) Residence: Np. Toward mo	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single Singl	21. DATE OF DEATH Leb 2d (Month) (Day) (Jean)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22.   I HERENY CERTIFY, That I attanded dacassad from
6. DATE OF BIRTH (month, day, and year) Feb 4 193 Q  7. AGE Years Months Days If LESS than 1 1 feb 4 19 feb 1 feb	I last saw here allva on June 27, to 29, 1937  I last saw here allva on June 27, 1937; death is said to heve occurred on the date stated abova, at 144 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Jufarulous Date of onset
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Another Baltimore (Stata or country) A G G - Mad	Other Contributory Causes of Importance:
13. NAME William Maynard  14. BIRTHPLACE (city or town) and (State or country) a co co mod	Name of operation Date of  What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dorthy Woodard  16. BIRTHPLACE (city or town)	23. If deeth was dua to axternal causes (VIOLENCE) fill in also the following:
17. INFORMANT Aman Jorler  (Address) J. O am old Wild	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place M. Calvery Cemi Date 2. 4 1937	Manner of Injury
19. UNDERTAKER & H. B. Tarker (Address) 47 Washington	24. Was disease or injury Ip any way ralated to occupation of deceased?
20. FILED 9 4 , 19.37) Aller Sisterary	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting US. No. 1. D. Russell

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1937			
Other contributory causes of importance:	W 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Low authorization & Change place of birth Ralled	CityHealth
Dept 4/15/03%.	

8

V. S. No. 1

1. PLACE OF DEATH	r MAKILAND		1000
County annie ar	undel	Registration Dist. No. 23	
Village or City Brookly  Length of residence in city or town where de	n Heighto (H ath occurred 20 yrs mos	No. 124 Journsend And St., f death occurred in a hospital or institution, give its NAME instead of street and nurs.  ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
2. FULL NAME Louise (a) Residence: No. 124	Wroten ownsen & Rove (Usual place of abode)	— St., Ward.  If nonresident give city or town and St	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Hemole White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193. 7 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Charles	m. Wroten	22. 7 PM HEREBY CERTIFY Thet t attended de	eceased from
7. AGE Years Months 48 Trade profession or particular	Days   If LESS than   1 day,hrs.   ormin.	to heve occurred on the date steted above, et . 9.2 p.m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	11. Total time (years)	Carebral Remarkay	¥25/3]
12. BIRTHPLACE (city or town) B. althur (State or country)		Dither Contributory Caught of importance:	
14. BIRTHPLACE (city or town) Baltur. (State or country)	ann	Name of operation Date of What test confirmed diagnosis? Wes there en eu'd	opsy?
15. MAIDEN NAME Margaret  16. BIRTHPLACE (city or town) Calculation (State or country)  17. INFORMANT Charles Margaret (Address)/24 Yoursend and	Wroters Husband	23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, DR, REMOYAL	Date More 1, 1937	Menner of Injury	
19. UNDERTAKER J. Abour and (Address) 400 S. Charles 20. FILED Tel. 2 b., 1937 Ida	Evans - T. Balto., mg/	24. Was disease or injury in any wey releted to occupation of deceased?  If so, specify A full of Calling ( (Signed).	Jmes. M. D
	Registrar.	(Address) 2 0 3 Calofedes a 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	4

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 4 193	1			
Other contributory causes of importance:	5.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

z

1. PLACE OF DEATH			W.	HTMIN CORP	PORATE LIMITS	07	
County (nn	e arund	el		(83)	Registration	on Dist. No. lal	
Village or City dur	capelis		No	City	Dack	ME instead of street and	Ward
Length of residence in city or town	where death occurred	ure mor	de			Mit instead of street and	
2. FULL NAME TOHA	1 Z ANUTE	Ex JOHN	BONCE	If U. S. Vet	eran, specify WAR_		
(a) Residence: No. 15	2	se.	St.,		Buttimer	6	nd State
PERSONAL AND STA	TISTICAL PARTI	CULARS		MEDICA	L CERTIFICA	TE OF DEATH	
3, SEX 4. COLOR OR RA Male Sthets	OR DIVORCE	RIED, WIDOWED, D (write the wdrd)	21. DAT	E OF DEA	TH ebuary (Month)	7 (Day)	, 193 / (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Clurkus	wn		22.			FY, That I altende	
6. DATE OF BIRTH (month, day, and yea	r)		I last saw h	alive	on	, 19	; dealh is said
7. AGE Years Mo	nths Days	If LESS than 1 day,hrs. ormin.		IPAL CAUSE OF	ta stated abova, at F DEATH and ralated ca		Date of onset
8. Trada, profession, or particular kind of work dona, as SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	L, Plank  11. Total ti sper	E deul me (years) nt in this upation	from to Surger Other Control	he dosky	ter 2 nesta to	a City	give fall nd. Works,
12. BIRTHPLACE (city or town)	enkrawn	<del></del>	The alo	VA . a	. /	e was employ	1
H 13. NAME UN	known		stream	, away f	non the who	vef.	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)			Name of op			Data of.	
	known					) fill in also the followi	
15, MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or counity)			Accident, su	ulcide, or homicl	de? acciden	L. Dale of Injury 2/	4 ,19.27
17. INFORMANT & D. B. (Address) / 5 29 B.	newich - (	Cousin Balto.	- 0	0.0	(Specify city rred in INDUSTRY, In sec., at the wife	y or town, county and Si HOME, or in PUBLIC & horfe	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Assayalis		9 ,19.3.7		injury Aseid	lental drowning	g	
19. UNDERTAKER John ? (Address) Luna 20. FILED 2 5 , 19.3	n Taylar solis m	L.	24. Was dice	a) act	any way related to be	implion of deceased?	DP.M.D.
	// //	[] Kegiftrar.	4	(Address)	mageo	us lac	Thank.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Ellis A san	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAY 4= 1551	1921	Run over by street car	1 week ago	
	<del> </del>	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:	ant #	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN